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A Study on

KARAPPAN

(DISSERTATION SUBJECT)



for

the partial fulfillment of the requirement to the

degree of

DOCTOR OF MEDICINE (SIDDHA)

BRANCH III-SIRAPPU MARUTHUVAM

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Introduction

Health is a state which not only keeps the body sound but also the mind. Today's modern industrialization imbalances the eco system which paves way for many diseases. To uproot the diseases there should be a system of medicine, which goes hand in hand with the nature.

Siddha medicine, a native medicine of Tamilnadu, is the first system to emphasize health as the perfect state of physical, psychological, social and spiritual components of human being.

As *siddhi* means perfection, the practitioners of siddha medicine aimed at perfection of health. Disease is caused not only by imbalance of physical constituents, the mind is also responsible for health or illness. To diagnose the disease we have eight types of examining methods. To treat both the body and mind, we have 3 methods of treatment called *Mani*, *Manthiram* and *Aushatham*.

In the stream of *Sirappu maruthuvam* we exclusively treat the mind by *Yogam* which includes *Asanas & Pranayamam*. They not only cure the disease but also help for rejuvenation. The physical illnesses are cured by *Varmam* and *Thokkanam* along with internal medicine.

The author is very much grateful to the Lord Almighty, for being in this field and has chosen the skin disease called **KARAPPAN (ECZEMA)**, as the topic for dissertation subject.

Aim and Objectives

Among chronic skin diseases, **Karappan** is the most common disease affecting all age groups .

An estimated one in 10 people are affected at some point in their lives. World statistics shows, approximately 10 percent to 20 percent of the world population affected by this disease.

So the author is much interested in choosing this disease as the topic for dissertation and treating the same with the help of "**Karuncheeraga churanam**" internally and "**Brahmathandu thylam**" externally.

The objectives of this dissertation are:

- 1) To study the incidence of the disease with respect to age, gender, socio-economic status, habit and family history.
- 2) To ascertain that according to the mukkutram theory, karappan's effect varies with respect to body constitution (prakriti), taste (suvai) and seasonal variation (Paruvakalam).
- 3) Relevant evidence from various Siddha literature and other system of medicine to be attached.
- 4) To know the correlation of aetiology, signs and symptoms of karappan in Siddha aspect with eczema in modern aspect.
- 5) To have essential clinical investigations.
- 6) To evaluate the biochemical and pharmacological efficacy of trial drug.
- 7) To pave way for further research work in future.
- 8) Siddha system of medicine should reach the mass of the masses.

SIDDHA LITERATURE

Siddhars, spiritual scientists explored and explained the reality of nature and its relationship to man by their yogic awareness. According to Siddha philosophy, man is nothing but a miniature world containing the five basic elements.

Universe originally constituted of atoms which contributed to the five basic elements (Panchaboothas) namely, Earth, Water, Fire, Air and Ether which corresponds to five senses of human body and they were the fundamentals of all human body and all the corporal things.

The Earth (மண்) gives shape to the body and release its energy. Bones, muscles, nerves represent it in the body.

The Water (நீர்) makes the earth supple and helps in the transmission of energy. Serum, lymph, saliva, etc., represent it in the body.

The Fire (தீ) makes the form of the body steady and gives vigour and stimulation. Digestion and circulation represent it in the body.

The Air (வளி) ignites the fire and works as a life carrier and is the support of all contact and exchange. Respiratory and nervous system represent it in the body.

The Ether (ஆகாயம்) is the creator of life itself in the body.

A harmonious combination and function of these five elements in the body produce a healthy life.

Man has gross physical body (ஸ்தூலம்) and subtle physical body(சூக்குமம்). The life force which is different from material energy derived from food, pervades gross physical through the subtle physical.

The food we eat has six tastes namely Sweet(இனிப்பு), Sour(புளிப்பு), Salt(உப்பு), Bitter(கைப்பு), Pungent(கார்ப்பு), Astringent(துவர்ப்பு).

Each of it's a mixture of two basic elements.

இனிப்பு	- மண் + நீர்
புளிப்பு	- மண் + தீ
உப்பு	- நீர் + தீ
கைப்பு	- காற்று + ஆகாயம்
துவர்ப்பு	- மண் + ஆகாயம்
கார்ப்பு	- காற்று + தீ

Panchaboothas are the foundations for Mukkutram (Vaatham, Piththam, Kabam) which are the pillars that support our body structure.

- Vayu constitute Vaatham
- Theyu constitute Piththam
- Appu constitute Kabam

Any alteration in the level of mukkutram affects the normal functions of the body. This is obvious from the verses,

மிகினும் குறையினும் நோய்செய்யும் நூலோர்
வளிமுதலா எண்ணிய மூன்று.

- திருக்குறள்

The normal values of the mukkutram are in the ratio

Vaatham: Piththam: Kabam = 1:1/2:1/4

வழங்கிய வாதம் மாத்திரை யொன்றாகில்
தழங்கிய பித்தம் தன்னிலரை வாசி
அழங்குங் கபந்தானங்கியே காலோடில்
பிறங்கிய சீவர்க்குப் பிச கொன்றுமில்லையே

- குணவாகடம்.

Alterations in this ratio produce disease. The signs and symptoms are produced according to the particular deranged thodam.

KARAPPAN

DEFINITION

Karappan is a skin disease characterized by clinical features of itching, formation of vesicles, oozing, crusting and scaling.

நோய் வரும் வழி (Aetiology)

“ஏழாந கரப்பானின் உற்பத்திக் கேளாய்

ஏற்றமாய் மாமிசங்கள் புசிக்கயாலும்

கூழான கம்பு தினை வரகு சாமைக்

கொடிதான கிழங்கு வகையறுந்தலாலும்

பாழான பெண்மையை தன்னிற்சிக்கும்

பாங்கான விரகத்தால் முயற்சியாலும்
தாழான பண்டங்கள் சமைத்துத் தின்னல்
தாக்குமே கரப்பான் சாயல்தானே”
“சாயலாய்த் தனக்குத்தான் மூத்தப் பெண்ணைத்
தாவினோர் தாழ்ச்சியாஞ் சாதி தன்னில்
காயலாய் கலந்துண்டோர் கலகம் செய்தோர்
கற்புடைய மங்கையரைக் கருதினோர்கள்
வாயலாய் வாழ்மரத்தை வெட்டினோர்கள்
.....
கூயலாய் கொடாதோர்கள் குருநிந்திந்த
கொடும்பாவி கரப்பானின் குறிகொள்வாரே”

- யூகி வைத்திய சிந்தாமணி

- Excessive intake of fish, mutton and unhygienic food substances.
- Meat, varagu, thinai, brinjal, tomato, rhizomes, pollens, tubers of some vegetables.
- Excessive sexual indulgence.
- Sex with aged women and all the anti-social activities results in psychic disturbances.

In Siddha Maruthuvam Sirappu:-

“பெருகுஞ் சோள மிறுகும் பெருங் கம்பு
வரகு காருடன் வாழையின் காயொடு
உரைகொள் பாகற் கெளிற்றுமீன் உண்டிடில்
விரிவதாய்க் கரப்பாணு மிகுந்ததே”

- Intake of karappan foods like Cholan, Kambu, Varagu, Kararisi, Vazhakkai, Brinjal, Fish, Mutton.

In Pararasa Sekaram:-

“வாதபித்தங் கபமுவை முன்றவர்
நேது வால்வெளி வால்மிடி யாவினர்
கோதை யார்டிய பார்வையர் வாற்குளிர்
பேத நிரிவை யாலுன பேசுகேள்
வேகக் காற்றதினர் பனை வெல்லத்தால்
பாக மிக்கலான் மேதிப் பாவெய்யலால்
தாகமானி வருக்க திசார்தலால்
போக வாழை வழுதலை முள்ளிக்காய்
காயும் பல்லிடத் தாற்சுரத் தாற்கனில்
எலியும் வண்டெலி யால்வருமே துவெளி
குடி நல்லறிவான எருவினார்
யாய் மான கரப்பான் வகைகளே”

- பரராச சேகரம் சிரரோக பகுதி

- Living in torrid climate
- Excessive sexual indulgence
- Living in cold weather
- Drinking contaminated water
- Airborne infection
- Excessive intake of jaggery, fish, mangoes, wheat
- Poisonous bites are the factors that may cause the disease.

In Gurunaadi Nool:-

“ சங்கையில் விடக் கரப்பான் வருமாறேது

சாரமுடன் கிருமி விழுந்த தன்மை யேது

உட்டிணமே ஆரிலம் வருமிதிரிய போகந்தா

லுனுதுருகிய த்தியிலே வெவேகொண்டு

நட்டனமாய் வெந்தவொரு மச்சைதன்னில்

நாட்டமிட்ட கிருமிய துயவைரும் போது

மட்டுடனே கிருமியெல்லாம் பறந்துங் கேறி

வகையுடனே மாங்கிசத்தை துளைத்து மேவும்

திட்டமுடன் விட கரப்பான் பறந்துமேலே

தினவுடுனே பரபரத்தைச் சொறியுண்டாமே

வயல்தனிலே பூறாக மல்லைந்தானே

வருந்தியது பத்துபோல் வத்தையாகும்

பயில்மொழியீர் திரேகத்தில் கிருமிதானே

பரந்தூரவி குட்டம் போல் புள்ளி காணும்

மயல துவும் கிருமியுந்தான் நடந்து புக்கல்

மேனியது சரசரென வெடித்துப் புண்ணாகும்
கயல் பெருகும் குழல் படவீர் சொல்லர் கேளீர்
கரகரத்துச் சொறி பெருங் கரப்பான் தானே”
- குருநாடி நூல்

- Due to excessive lust piththa kutram may be raised and this in turn will affect the udal kattugal like kozhuppu and thasai .
- Worms and micro organism enter into the body, through these affected udal kattugal and causing the disease.

Classification

Karappan is classified into 7 types according to Yugi vaidhya chinthamani

“ஆமென்ற கரப்பான்தான் ஏழுவிதமாகும்
அடங்காத வாதத்தின் கரப்பானோடு
காமென்ற கண்டமாய் கரப்பானாகும்
கருகிய தோர் வறட்சியாங் கரப்பானோடு
தேமென்ற திமிர்வாத கரப்பான் நாலும்
சிரசினிலே பெருக மாலக் கரப்பான்
போமென்ற பித்தமாங் கரப்பானோடு
பெரிய சேட்டுமக் கரப்பான் பெயர்தானேழே”

1. Vaatha karappan
2. Piththa karappan
3. Kaba karappan
4. Thimir vaatha karappan

5. Kanda karappan
6. Kabaala karappan
7. Varatchi karappan

In Agathiar 2000 Part III

Karappan has been classified into six varieties. They are,

1. Vaatha karappan
2. Sori karappan
3. Varal karappan
4. Silethuma karappan
5. Mandai karappan
6. Varatchi karappan

In Pathinen Siddhar Bala Vaakada Thirattu:-

The karappan has been classified into 18 types. They are,

“செங்கரப்பான் அனல்கரப்பான் தானும் மண்டைச்

சிரங்கு புண்ணும் அரிகரப்பான் பொரிகரப்பான்

அங்கமதி லெழுகரப்பான் தானுமிக்க

அளராம் உதிரக்கரப்பான் கட்டியோடு

பொங்கமாய் வீங்கிய கரப்பானுந்தான்

புகலரிய சட்டைதடி வெடி கரப்பான்

சிங்கமுக ஏரிகரப்பான் வாத வித்தச்

சேதம் தோட கரப்பான் பதினெட்டாமே”

- பாலவாகடம் - கரப்பான் வகுப்பு

- | | |
|---------------------|---------------------|
| 1. Vaatha karappan | 10.Oodu karappan |
| 2. Piththa karappan | 11. Karung karappan |
| 3. Sethuma karappan | 12. Seng karappan |
| 4. Ari karappan | 13. Kothi karappan |
| 5. Oodhu karappan | 14. Thoda karappan |
| 6. Soolai karappan | 15. Vaalai karappan |
| 7. Vedi karappan | 16. Varal karappan |
| 8. Mandai karappan | 17. Veenku karappan |
| 9. Sattai karappan | 18. Pori karappan |

In Siddhar Aruvai Maruthuvam:-

Diseases of the head are 46. Above this karappan has been classified into 6 types.

1. Vaatha karappan
2. Piththa karappan
3. Kaba karappan
4. Veng karappan
5. Seng karappan
6. Karun karappan

General Signs And Symptoms Of Karappan:-

“எண்பது கரப்பான் தன்மை யியம்பிடுமாறு கேளீர்

நன்பிடும் வாதம் பித்தம் நலங்கெட்டுத் தாளம் வீங்கும்

புண்படுங் கரங்கள் சந்து புலைந்திடல் கழுத்து நோகும்

வன்மையுடன் வெடித்துச் சூலை வருவது ரணமீதன்னே”

“உனைஞ்சுமே வயிறுதான் சீதங்காணும்

உட்டிணமாய் மூக்கிரந்தா முறுங்கி வீழும்

அனைஞ்சுமே யங்கமெல்லம் சொரியுண்டாம்

அழுவாக வெதும்பலாய்க் காக்க காயோவும்

புகைஞ்சு மேனிங்கத்திற் புண்போல் ருக்கிப்

பொடிப் பொடியாய் சுண்ணாம்புக் கற்போல் வீழும்

களைஞ்சுமே நீரோடு மலமுஞ்சிக்கும்

கசியுமே கரப்பானாம்”

- அகத்தியர் விரணநூல்

- Swelling all over the body
- Pain in the joints
- Itching all over the body
- Appearance of vesicles, oozing bullae, papules
- Constipation.

Details About The Types Of Karappan Are:-

வாதக் கரப்பான்

“ கொள்ளவே உடம்பெல்லாம் வெதுப்பாய் நொந்து
குடைந்துமே மிகச்சுரந்து வீக்கமாகும்
விள்ளவே தேகமெல்லாம் புண்போல் நொந்து
வெடித்துமே புண்ணாகும் விரல்கள் சந்து
முள்ளவே முடங்கியே நரம்பு தானும்
மொழிகள் பக்க மிக்க இடமிகவுலர்ந்து
மள்ளவே மேனியது வறண்டு காணும்
வாதமாங் கரப்பான்றன் வண்மைதானே”

- Severe body pain.
- Cracks and ulcers.
- Pain in all joints and fingers.

பித்தக்கரப்பான்

“தானாகக் கண்தாங்கி நடுவு உந்தி
தளாந்துமே உட்கார்ந்து வெதுப்புண்டாகும்
தூணாகக் கிறுகிறுக்கு முடலாஞ் சோரும்
சொரிந்துமே உடம்பு மஞ்சளிக்கும்
வேணாக வன்னத்தை இறங்கொட்டாது
மிடுக்கான தீபமந் தித்துப் போகும்
பேனாக ஊருவது போலக் காணும்
பித்த கரப்பான் குணத்தின் வெற்றியாமே”

- Sleeping sickness
- Itching over the affected area
- Yellow colouration of the skin
- Difficulty in swallowing
- Loss of appetite
- A sensation like head lice crawling along the scalp

சேத்துமக்கரப்பான்

“பெற்றியாய்ச் சரீரமது வெளிநிக் காணும்

பேச்சுத்தான் கம்மலாய் தானிருக்கும்

புத்தியாய் வார்த்தையது பொறுக்கிச் சொல்லும்

பிரபலந்தான் மிகப்பேசி மூச்சுண்டாகும்

எத்தியாய்ச் சகலரையுமேவல் கொள்ளும்

ஈளையிருமல் மூச்சுக் காதிரைச்சல்

முத்தியாய் மோட்ச வழி முறைமையாகும்

முதிர் சேட்ப கரப்பானின் மூர்க்கந்தானே”

- Pale discoloration of the skin
- Hoarseness of voice
- Cough
- Tinnitus in the ear.

கபால கரப்பான்

“காணவே காதெல்லாம் தினவுண்டாகும்

காண் தினவாம் கண்டந்தான் கரகரக்கும்

பூணவே கண்ணீரும் பீளையுண்டாகும்

பேச்சுமந்த மூக்கதனில் நீரேபாயும்

தோனவே சிரசுதனிர் சொரிதலுந் தாற்

தும்பல் மிகவுண்டாகுந் துடிக்கும் நெற்றி

ஆணவே அண்ணக்கி ழலுண்டாகும்

அலங்காத கபால கரப்பான்றன் குணமாமே!”

- Itching over the ear lobes and eye lids
- Watery and white discharge from the eyes
- Running nose
- Sore throat
- Itching over the head

கண்ட கரப்பான்

“தளிராகச் சிரமெங்கு மிகக் கனத்துத்

தலைகாது மண்டையெல்லாந் தடித்து நோகும்

நளிராக வருத்தி விக்கும் நாத்துடிக்கும்

நலமான உடம்புதனிர் சொரியுமாகும்

குளிராகக் குளிர்ந்துமே மயிர்க் கூச்சாகும்

கூப்பிட்டால் மிகப் பயக்கும் கூசங்கண்தான்

களிராக முட்போல கண்டந்தன்னில்

கறகறக்கும் கண்டகமாங் கரப்பானாமே”

- Headache
- Swelling and pain in the head and ear
- Itching all over the body
- Chillness with shivering
- Roughness of the body

வறட்சிக் கரப்பான்

“கண்டமாய் முகவீங்கும் குத்தலுண்டாம்

கனமாக உடம்பெங்கும் மிகவே ஊறும்

துண்டமாயுடம் பதைத்துச் சொரிதலுண்டாம்

சோருமே யெந்நேர மயக்கத்தாலே

வண்டகந்தா னில்லாம லுடம்பு வற்றும்

மாறுபாடாய்ப் பிதற்றி மறுகும் வார்த்தை

பிண்டமாக்கி டந்துண்டு புலாலே நாளும்

பெருவரட்சி கரப்பான்றன் பேரிதாமே”

- Swelling and pain over the affected area
- Itching all over the body
- Unpleasant smell in the body

திமிர்வாத கரப்பான்

“ வண்மையான யுட்கார்ந்து எழும்பும் போது

வருத்தமாய் கால்கைகளி லிடுப்புச் சந்து

திண்மையாய்த் திமிர்த்துமே கரடு கட்டும்

செயலழிந்து வீங்கியே வெடித்துப் புண்ணாகும்

தன்மையாய்ச் சடமெங்கு முதலாகும்

தண்ணீர்தான் மிகத் கடுத்துத் தனிச் சூடுண்டாம்

உண்மையாய் மேனியெங்கும் உளைச் சலுண்டாம்

உதறுமே திமிர்வாதக் கரப்பானுமே”

- Pain in the knee, elbow, wrist, hip, shoulder and fingers during sitting and standing
- Swelling of the joints which burst to form ulcers
- Pain all over the body
- Lethargy

சாத்தியம் - அசாத்தியம் (Prognosis of karappan)

“முர்க்கமாம் சாத்தியத்தை மொழியக் கேளாய்

மொழிகின்ற வாத கரப்பான்றன்னோடு

ஊர்க்கமாம் பித்த கரப்பானுமாகும்

உயர்கின்ற வறட்சியாய் கபால கரப்பான்

தார்க்கமா யிது நாலுஞ் சாத்தியமாம்

தளுக்கான திமிர்வாத கரப்பான் கண்டம்

தீர்க்கமாஞ் சேட்ப கரப்பான றன்னோடு

செப்பியதோர் இது மூன்றும் அசாத்தியமாமே□

- யுகி வைத்திய சிந்தாமணி

Types of curables

- | | |
|---------------------|----------------------|
| 1. Vaatha karappan | 3. Varatchi karappan |
| 2. Piththa karappan | 4. Kabaala karappan |

Types of incurables

1. Thimir Vaatha karappan 2.Kanda karappan
2. Sethuma karappan

முக்குற்றம்

வாதத்தின் வகைகள்

பிராணன்:

மூச்சு விடுதலும் வாங்குதலும் செய்யும்.

அபானன்:

மல சலத்தைக் கீழ் நோக்கி தள்ளும்

வியானன்:

உடலிலுள்ள அசையும் பொருள், அசையாப் பொருள் என்னும் இரண்டிலுமிருந்து உறுப்புகளை நீட்டவும், மடக்கவும் செய்யும்.

உதானன்:

வாந்தியை எழுச்செய்யும்.

சமானன்:

மற்ற வாயுக்களை மிஞ்ச வொட்டாமல் செய்யும்.

நாகன்:

எல்லாக் கலைகளையும் கற்கும்படி அறிவையெழுப்பும். கண்களை இமைக்கும்படி செய்யும்.

கூர்மன்:

கொட்டாவி விடச் செய்யும். வாயை மூடப்பண்ணும். இமையைக் கொட்டுவிக்கும். கண்களுக்கு பொருட்களைக் காண்பிக்கும்.

கிருகரன்:

நாவிற்சசிவு, நாசிக்கசிவு மிக்க பசி, தும்மல், இருமல் ஆகியவற்றை
உண்டாக்கும்.

தேவதத்தன்:

சோம்பலையும் தூக்கத்தையும் வருவிக்கும். சண்டை கொள்ளல், தர்க்கம்
பேசல், மிக்க கோபம் ஆகியவற்றை உண்டாக்கும்.

தனஞ்செயன்:

உடம்பு முழுமையும் வீங்கப்பண்ணும். இறந்துவிடின், காற்றெல்லாம் வெளிப்பட்ட
பின்னர் மூன்றாவது நாளில் தலைவெடித்த பின் வெளிச்செல்லும்.

கரப்பானில் வியானன், சமானன் பாதிப்படைந்துள்ளது.

பித்தத்தின் வகைகள்

அனற் பித்தம்:

உண்ட உணவுப் பொருள்களைச் செரிக்கும்படி செய்யும்.

இரஞ்சகப் பித்தம்:

உணவிலிருந்து பிரிந்துண்டான சாற்றுக்குச் செந்நிறத்தைத் தரும்.

சாதகப் பித்தம்:

விருப்பமான தொழிலைச் செய்து முடிக்கும்.

பிராசகம்:

தோலுக்கு ஒளியைக் கொடுக்கும்.

ஆலோசகம்:

கண்களுக்குப் பொருள்களைத் தெரிவிக்கும்

கரப்பானில் இரஞ்சகம், பிராசகம் பாதிப்படைந்துள்ளது.

கபத்தின் வகைகள்

அவலம்பகம்:

நான்கு வகை ஐயங்கட்கும் பற்றுக் கோடாயிருக்கும்.

கிலேதகம்:

உண்ணப்பட்ட உணவுபொருள், நீர் முதலியவைகளை ஈரப்படுத்தி
மெத்தெனச் செய்யும்.

போதகம்:

உண்ணுகிற சுவைகளை அறிவிக்கும்.

தற்பகம்:

கண்களுக்குக் குளிர்ச்சியைத் தரும்.

சந்திகம்:

பூட்டுகளில் நின்று இயற்கையாய் எல்லாக் கீல்களையும் ஒன்றோடொன்று
பொருத்தித் தளரச் செய்யும்.

கரப்பானில் கபம் எதுவும் பாதிப்படையவில்லை.

ஏழு உடற்தாதுக்கள்:

சாரம்:

உடலையும், மனத்தையும் ஊக்கமுறச் செய்யும்.

செந்நீர்:

அறிவு, வன்மை, ஒளி, செருக்கு, ஒலி இவைகளை நிலைக்கச் செய்யும்.

ஊன்:

உடலின் உருவத்தை அதன் தொழிற்கிணங்க அமைத்து வளர்க்கும்.

கொழுப்பு:

உறுப்புகளுக்கு நெய்ப்புப் பசையூட்டி கடினமின்றி இயங்கச் செய்யும்.

எலும்பு:

மென்மையான உறுப்புகளை பாதுகாத்தல் உடல் அசைவிற்கு அடிப்படையாயிருக்கும்.

மூளை:

என்புக்குள் நிறைந்து அவைகளுக்கு வன்மையும் மென்மையும் தரும்.

சுக்கிலம்/சுரோணிதம்:

கருவுற்பத்திக்கு துணைபுரியும்.

கரப்பானில் சாரம், செந்நீர் பாதிப்படைந்துள்ளது.

முக்குற்ற வேறுபாடு:

“வாதமலாது மேனி கெடாது”

எனும் தேரனின் கூற்றிற்கிணங்க வளிக் குற்றம் (வியானன்) முதலில் கேடுற்று தனக்கு துணையாக அழல் குற்றத்தையும் (இரஞ்சகம்) ஐயக் குற்றத்தையும் கேடுறச் செய்து கரப்பான் நோயைப் பிறப்பிக்கிறது

பிணியறி முறைமை (**Diagnosis**)

Piniyari muraimai is the methodology of diagnosing the disease in Siddha science.

The phrase "Noi nadal Noi mudhal Nadal indicate the approach to the process of diagnosis.Noι nadal means the approach to the disease and Noi mudhal nadal means determination of the aetiology.

The Siddhars looked at the body and disease together to arrive at a conclusion regarding the condition of the diagnosis.This conclusion is essential pre requisite for the treatment.

Diseases are diagnosed mainly with the help of signs and symptoms.In addition there are eight important parameters which help in finding out the disease and the imbalanced life factors.

"Siddhars had a unique method of diagnosis called Enn vagai thervugal".

“நாடி ஸ்பரிசம் நா, நிறம், மொழி, விழி

மலம் முத்திரமிவை மருத்துவராயுதம்”

EIGHT PARAMETERS	FEATURES TO BE OBSERVED	FEATURES IN KARAPPAN
நா	Colour, character, condition	No abnormal changes
நிறம்	Signs of mukkutram Colour, cyanosis, Pallor , yellowish Discolouration	Hyper pigmentation
மொழி	Pitch, coherence, tone	No abnormal changes
விழி	Motor and sensory functions , colour	No abnormal changes
மலம்	Signs of mukkutram colour and consistency	No abnormal changes
சிறுநீர் நீர்க்குறி நெய்க்குறி	Colour, odour, deposit, frequency Specific gravity	No abnormal changes Slowly spread
நாடி	Mukkutram signs	
ஸ்பரிசம்	Warm or cold	Hypersensitivity , Itching, ulcers and rashes

NAADI NADAI

“தானமுள்ள சேத்துமந் தானிளகில் வெப்பு
சயமீளை இருமல் மந்தார காசம்
ஈனமுறுஞ் சன்னி விட தோடம் விக்கல்
யிருத்தோகம் கரப்பான் விரண தோடம்
மானனையீர் சூலை திரள வாயு வீக்கம்
வருஞ் சத்தி சுவாசம் நெஞ்சடைப்பு தூக்கம்
ஏனமுறுங் காமாலை பாண்டு சோபை
எழு சுரங்கள் பல துக்கம் விடமுண்டாமே”

- சதக நாடி

“சிறப்பான வாதத்தில் உட்டிணந்தானே
சேர்ந்திடுகிலதிசார முளைச்சல்
உரைப்பான பொருமலோடு அக்கினி மந்தம்
உண்டாகும் நீர் சிவப்பு பிரமேகங்கள்
பிறப்போடு மதகரி நீர் கரப்பான் ரத்தம்”

- சதக நாடி

Naadi is the vitiating element of the body, which is vaatham, piththam and kabam, is otherwise called as uyir thathukkal or mukkutram.

Naadi is felt as vaatham, pittham, kabam respectively with the tip of index, middle and ring fingers over the lower end of the radius.

The three uyir thathukkal are formed by the combination of

Edakalai + Abaanan = Vaatham

Pinkalai + Praanan = Piththam

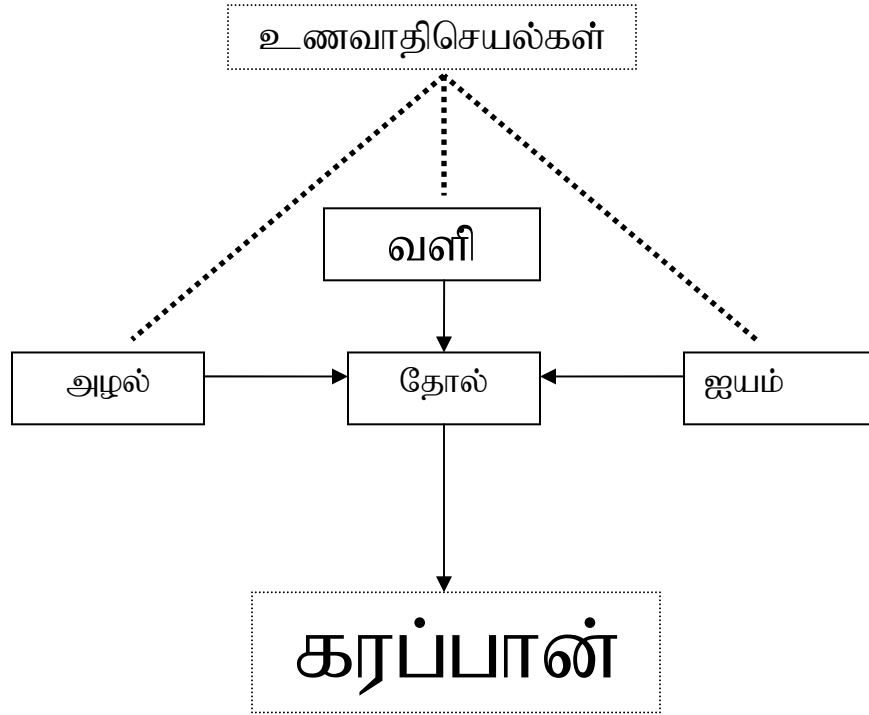
Suzhumunai + Samaanan = Kabam

The ratio between Vaatham, Piththam and Kabam is $1 : \frac{1}{2} : \frac{1}{4}$ respectively.

In karappan the following types of naadi are seen commonly.

1. Vaatha kapham
2. Kaba vatham
3. Vaatha vuttinam

நோய் வரும் வழி – முக்குற்ற பாதிப்பு



Treatment

The treatment of Siddha system includes not only the removal of signs and symptoms of a disease but also in also in total uprootment of the disease.

This is achieved by normalizing the vitiated mukkutram there by retaining body's natural health. The recurrence of the disease is prevented by the practice of Yoga and Praayanaama.

In Karappan, the deranged vaatham is brought to its normal state by purgation(விரேசனம்)

“விரேசனத்தால் வாதந்தாமும்”

2 tablet of Meganatha kuligai is given with warm water early morning(single dose) before starting the treatment .

1.**Karuncheeraga churanam**: 1 gm thrice daily given with hot water.

2.**Brahmathandu thylam** : external application over the affected area.

Diet restriction for karappan patients

DONT'S

- ❖ Millet
- ❖ Maize
- ❖ Unripened banana
- ❖ Bitter guard
- ❖ Fish
- ❖ Dry fish
- ❖ Pumpkin
- ❖ Brinjal
- ❖ Egg
- ❖ Tomato
- ❖ Ladies finger
- ❖ Tamarind
- ❖ Chicken
- ❖ Spices
- ❖ Milk and milk products
- ❖ Artificial Food colours
- ❖ Additives
- ❖ Alcohol
- ❖ Narcotic drugs
- ❖ Medications like penicillin etc.
- ❖ Using soaps,detergents.

Environmental allergens

- ❖ House dust, mite etc.
- ❖ Smoke
- ❖ Cold air
- ❖ Fume

Occupational allergens

- ❖ Chemicals
- ❖ Paints
- ❖ Fertilizers

Do's

- Avoid stress and strain
- Adapt regular yogic exercise, meditation and pranayama
- Keep regular bowel movement
- Use green gram powder or nalanguma powder for bath.
- Use warm water for taking bath.

SIRAPPU MARUTHUVAM

For the treatment of Karappan, Sirappu Maruthuvam is advised to reduce the recurrence of the disease and also enhances the general health of the body.

In the line of Sirappu maruthuvam, Yogic exercise ,Meditation and Praanayaama places a vital role.

In the stream of Yogic exercise , Modified Sethubanthaasanam and Savasanam are advised for the patients.

Modified Sethubanthaasanam is preferred because, in this posture it increases the venous return from the lower limbs and thereby prevents the recurrence of the disease, who have the lesions particularly in lower limbs.

Savasanam is preferred to make the body and mind itself in relaxation .

As stress and strain plays a vital role in prevailing the skin disease, especially Karappan ,Meditation and Praanayaama are advised to reduce the stress and strain.

Meditation and Pranayama when practiced regularly lowers the stress and strain thereby reduce recurrence of the disease .

ECZEMA

Definition:

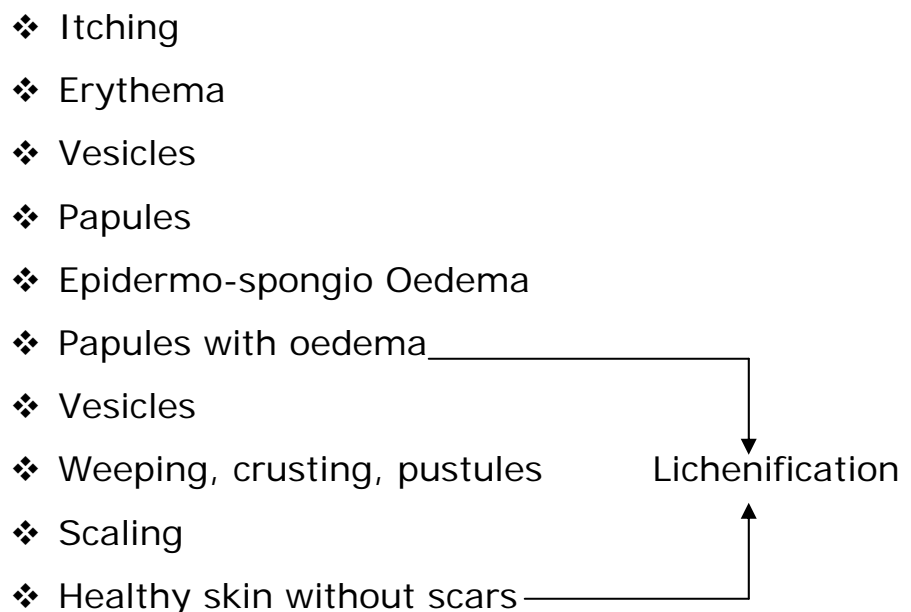
Eczema is a non-contagious inflammation of the skin, characterized by erythema, scaling, oedema, vesiculation and oozing. The term "Eczema" is a Greek word (Ec – means out, and Zeo – means 'to boil'). The whole word implies 'boil out'. Eczema is a specific type of allergic cutaneous manifestations of antigen-antibody reaction.

Aetiology:

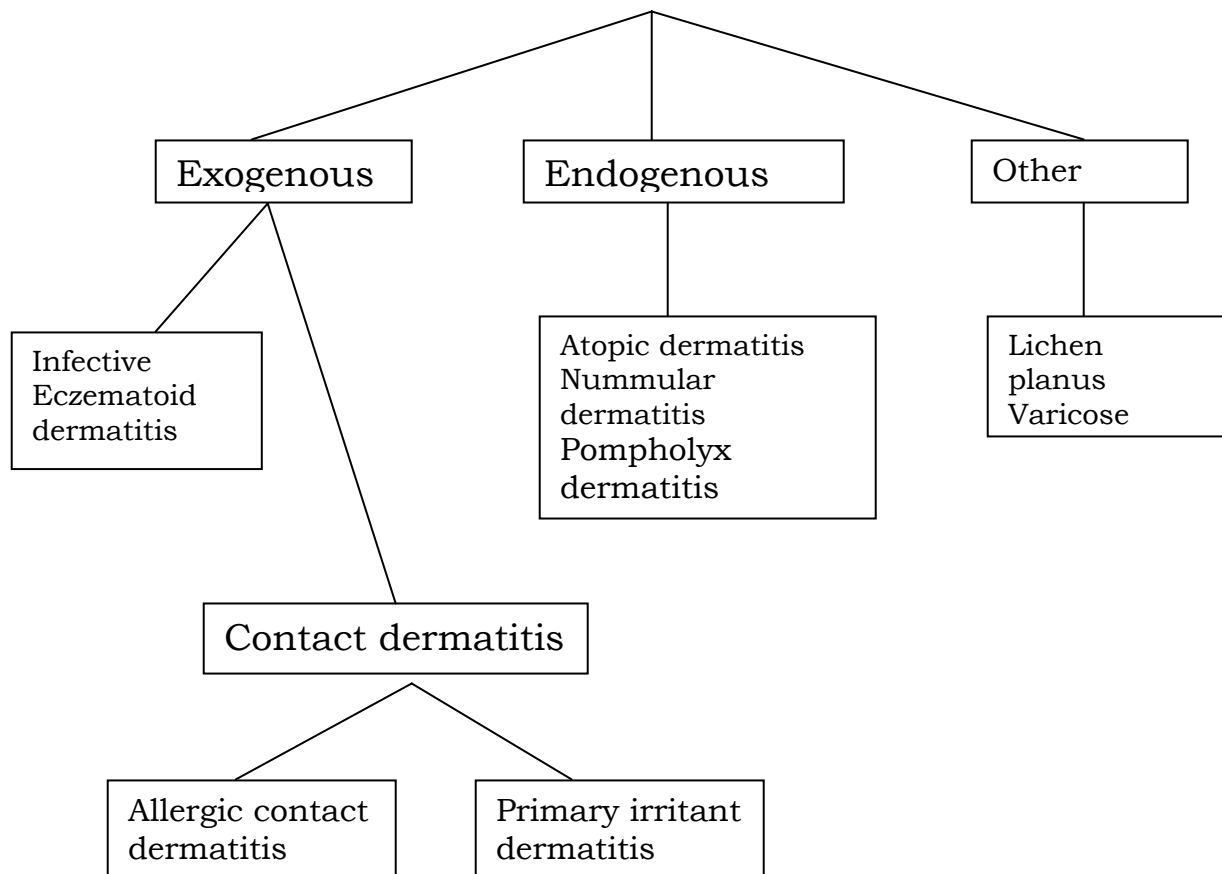
Basically two factors that cause eczema are

1. An allergic (or) a sensitive skin.
2. Exposure to an allergen (or) an irritant.

The history of eczema is diagrammatical representation is as follows.



Common types of Eczema



Common types of Eczema

Types:

1. The morphe-clinical classification:

- a. Acute stage.
- b. Sub-acute stage.
- c. Chronic stage.

a. Acute stage:

This stage is characterized by itching, erythema followed by oedema, papules, vesicles, oozing and crusting. Most of the typical eczemas of moderate intensity start with these morphological features. This last only couple of weeks and lesions start to heal.

b. Sub-acute stage:

It is between the acute and chronic stages characterized by papules and scaling with moderate oedema and erythema. Acute eczema may pass through this stage before it heals completely or becomes chronic.

c. Chronic stage:

These lesion lasts for months to years. The integument appears thickened and pigmented with prominent criss-cross marking (Lichenification).

Predisposing factors:

- 1 Age – common in infants, puberty and menopause.
- 2 Familial predisposition.
- 3 Allergic history, history of asthma, eczema, hay fevers, urticaria.
- 4 Debility – which lowers the resistance of the individual.
- 5 Climate – extreme heat, dampness and severe cold.
- 6 Psychological factors trigger an episode of eczema.
- 7 The frequent use of soaps and other cleaning products that tend to give lack of normal shiny of the skin.
- 8 Direct contact with pet and domestic animals (especially their saliva or fur) and indirect contact with animal dander.
- 9 Rough, scracy, tight clothing, especially clothes made of wool (or) stiff fabrics.
- 10 Acute sensitization.

Aggravating factors:

Factors responsible for causation of eczema:

- 1 Irritants – Physical, chemical (or) electrical.
- 2 Drugs - given for the disease (or) otherwise.
- 3 Infections – Streptococci, staphylococci, fungus.
- 4 Mind – Strain, stress, emotional status.
- 5 Sensitisers – Plants, cosmetics, clothing, medicaments.
- 6 State of local (or) general nutrition.
- 7 Focal sepsis.
- 8 Trauma.
- 9 Diet.
- 10 Climate – Temperature and humidity.

Types

A. ENDOGENOUS ECZEMA

I. Atopic eczema:

Synonym: Asthma-eczema syndrome, Benjerls, Prurigo.

Definition:

This is very common, externally itchy disorder of unknown cause, that characteristically but not invariably affects the face and flexures of infants, children, adolescents and young adults.

Aetiology:

1. Emotional status by psychiatric evaluation of the patients home, parents occupation and other environments.
2. Allergic – Diet, external contacts, inhalants.

Clinical features:

Clinical picture of atopic eczema varies with the age of the patient and occurs in three stages, namely,

1. Infantile type (Infantile eczema)
2. Childhood type (Flexural eczema)
3. Adult type (Besnier's prurigo)

Infantile atopic eczema:

This begins the third month of life on the cheeks, soon spreading to the forehead and chin, but sparing the skin around the mouth, nose and eyes. It may extend to the scalp, limbs and trunk. The affected skin is red and rough with minute cracks oozing serum. The itching is great and rubbing and scratching quickly tend to loss of horny layer and exposure of a weeping surface. In the majority of cases the condition clears up towards the end of third year.

Atopic eczema of the childhood:

It starts follow from infantile eczema, may appear a few years of complete freedom, lesions appear in a antecubital fossa of the wrists and popliteal fossa of the knees, front of the ankles and groin. First the eruptions is slightly erythematous, papules and scaly . Later it becomes lichenified and pigmented, most commonly it disappears at puberty.

Adolescent and adult eczema:

This state may follow with (or) without an intervening period. The limb flexures are again affected but the eruptions also affect the

face, neck and upper half of the trunk. The physical signs consist of papulations, lichenification and pigmentation. The itching may be severe. The affected skin is pale.

Treatment:

It consists of

1. Insist awareness about the etiological factors – the allergic, psychogenic and inborn weakness of his skin.
2. Advice about the climate and occupation.
3. General palliative treatment.

Prognosis:

The course of atopic eczema through all stages is marked by spontaneous cures, remissions and exacerbations, seasonal variation in autumn and spring, by pollens, summer and monsoon, by heat and high humidity. Besides eczema, asthma, hay fever and another allergies may be present at the same time or may alternate with eczema. Lately attention has been drawn to ophthalmic changes in connection with atopic dermatitis; they are conjunctivitis, keratitis and juvenile cataracts. The pathogenesis of these are not understood. It may also be associated with other ectodermal defects. If there is a constitutional susceptibility to different stresses, the blood count shows eosinophilia.

General instructions for atopic eczema patients:

1. The patient should have a warm starch water bath in winter and a cold condy's bath in summer. After the bath, he should blot

himself with a smooth towel and avoid rubbing. Olive oil or lanoline cream may be applied on the dry, thickened skin after the bath.

2. Moderate temperature suits these patient's best, and so they should avoid extremes of climates. Where it is not possible to change the place of residence, air conditioning is the answer.

3. The patient should be restricted to avoid scratching by keeping his nail short. In resistant cases, particularly in children measures for physical restraint by splints should be employed and sedatives given at night.

4. The diet should not be loaded i.e. simple. The exact composition of diet depends upon the history of the patient, the diet diary and the results of the allergy tests. Allergenic food items should be avoided.

5. The patient must be given an instruction, that healthy hobbies and play should be encouraged. They help to divert attention and speed up recovery regarding paediatrics.

6. Any side effect while taking medication should be reported to the physician. Local medicaments should be properly employed.

7. The attenders must be advised to respect the patient's weakness of the skin and his sensitiveness.

8. The patient should learn to live within the limits of his physical and mental strength, knowing his inborn weakness. It is a chronic but not a serious disease.

II Nummular Eczema:

Synonym: Discoid eczema

Definition:

It is characterized by circular coin-shaped plaques of papules, vesicular and crusting, distributed bilaterally and symmetrically on the dorsum of fingers and hands, the forearm, the arms, the legs and the thighs.

Aetiology and pathogenesis:

Psychogenic stress	Alcohol
Focal sepsis	General debility
Food allergies	Cold weather

Clinical features

Slightly raised, pink red scales discs, varying in diameter from 1cm to 4 cms appear on the arms and legs and less frequently on the trunk.

- ❖ Itching of the skin (pruritis).
- ❖ Skin lesions that may be macules, papules, vesicles or patches.
- ❖ Nummular (coin shaped).
- ❖ Primarily located on the arms and legs.
- ❖ Spreading to the trunk.
- ❖ Oozing, crusting over.
- ❖ Scaly on excoriated (raw) skin.
- ❖ Skin redness or inflammation.

Signs and tests:

Nummular eczema is diagnosed based on the appearance of the skin and on personal and family history.

Treatment:

Treatment is focused on relief of symptoms. Anything that aggravates the symptoms is to be avoided whenever possible. Frequent bathing and eating foods rich in bromides and iodides are not advised. Other possible allergens are to be avoided, including foods and environmental irritants such as wool and lanolin.

Complication:

Secondary infection to the skin.

III Seborrhoeic dermatitis**Definition:**

A Common eczematous disorder that characteristically occurs in hairy areas, both in the flexures and on the central part of the trunk.

Common sites:

Scalp, eyebrows, eyelids, nasolabial crease, lips, ears, axilla, submammary folds, umbilicus, groins and gluteal crease.

Aetiology

The aetiology of this disease is the hypersecretion of sebum. An inborn seborrhoeic diathesis may be a familiar trait. Emotional stress and high fat intake may also be the cause.

Clinical features:

Reddened itching patches appear at the affected sites and also erupt suddenly and cause exudative lesions in the flexures.

1. Cradle cap at the time of birth, seborrhoeic dermatitis afterwards.
2. Child is usually healthy and happy otherwise.
3. Starts from scalp, posterior auricular folds, and involves neck and trunk. On the trunk it is seen like a flat macular erythematous low hypopigmented and scaly rash. In some cases, it manifests as diaper dermatitis.
4. Crusting more and the areas have a dirty appearance.
5. Family history of seborrhoeic disorders.
6. Itching mild to moderate.
7. Recurrence mostly seasonal i.e. summer and monsoon at times in winter too.
8. Comparatively better response.

IV Pompholyx:

Pompholyx may occur in children, but is most common in the first half of adult life (20 – 40 years). This is a eczema of hands and feet. If this type of eczema occurs on the sides and front of the fingers and palms it is known as cheir pompholyx and if it occurs on the toes or feet it is podo pompholyx.

V Lichen simplex chronicus:

Synonyms:

Circumscribed neuro dermatitis.

This may appear more commonly in neurotic people. This condition may be defined as the lichenification process resulting from chronic scratching and rubbing of the skin under stress and anxiety.

Clinical features:

There may be one or several localized patches. The integument becomes thickened, infiltrated and pigmented, the criss-cross markings become more prominent and margins are irregular but usually well defined.

Areas are the nape of neck, arms, ano-genital area, scrotum, back of the knees, legs and ankles. Prognosis is good if the primary emotional conflict can be resolved satisfactorily.

Pathology and pathogenesis:

Histologically there may be striking hypertrophy of the epidermis, which in extreme cases may resemble epitheliomatous change (pseudo epitheliomatous hyperplasia). There is also hyperkeratosis and variable amount of inflammation in the sub-epidermal zone. There is a marked increase in the rate of epidermal cell production accounting for the hypertrophy and it is believed that the persistent trauma of scratching and rubbing is responsible for this.

VI Varicose eczema:

This is also associated with complicating varicose veins or ulcers of the legs. The predisposing factors are chronic congestion and stasis, which lower the local resistance.

Itching in varicose legs may start eczema by excoriation, secondary infection and by the chronic use of medicaments. The eczema has the features of the exciting cause, which may be traumatic, chemical or infective. It may become disseminated due to auto sensitization. It is very chronic and persistent condition.

B. EXOGENOUS ECZEMA

I. Contact Dermatitis

Synonym: Chemical eczema

Eczematous rash developing as a result of contacting injurious materials. These materials may injure by a direct toxic on the skin or may induce an immunological reaction of delayed hypersensitivity type.

The former is known as a primary contact dermatitis and the later is allergic contact hypersensitivity.

II Primary Irritant Dermatitis

Definition:

Primary irritant dermatitis is an eczematous rash that results from direct contact with toxic irritating materials.

Pathology and pathogenesis:

The condition can be thought as a kind of 'Epidermal failure', in which after prolonged minor injury from one or several substances the epidermis responds by developing an eczematous reaction.

Causes:

This commonly occurs in builders, mechanics, hair dressers, cooks and laundry workers. Contact with organic solvents, detergents, cement, bleaches, ammonia preparations, dye, drain pipe cleaners, alkalis, acids such as HCl, H₂SO₄, HNO₃, Oxalic acid, Hydrofluoric acid and Phenol are often responsible.

Clinical features:

Scaly red and fissured ulcers appear on the irritated skin. Hands are most frequently affected. The effect is less vulnerable in dry skin. The effect is evident within minutes to hours.

III Allergic Contact Dermatitis:

Definition:

Allergic contact dermatitis is an eczematous rash that develops after contact with an agent due to delayed cellular hypersensitivity.

Aetiology (Allergens)

They are classified into two groups,

1. Non-Proteins – Dyes, oils, resins, coal tar derivatives, rubber, cosmetics and chemicals.
2. Proteins – Bacterial products, fungi and parasites are included in this group.

3. Most common cause of contact dermatitis are poison ivy, oak, paraphenylenediamine, nickel, rubber compounds, dichromates, mercury dichloride, potassium dichromate, nickel sulphate, turpentine oil, formaldehyde solution etc.,

Pathophysiology:

Allergic contact dermatitis results from a specific acquired hypersensitivity of the delayed type also known as cell mediated hypersensitivity (or) immunity. Occasionally dermatitis may be induced upon a sensitized area of skin when the allergen is taken internally and this occurs with substances such as anti-histamines or sulphonamides.

Persons may be exposed to allergens for years before finally developing hypersensitivity. The sensitized area although usually generalized may be strictly localized.

Clinical features:

Rash develop at the sites of the skin contact. The vigor and speed of the reaction vary and may depend on the particular individual.

Effects do not localize but disseminate symptoms present even after removal of allergen.

Diagnosis:

Correct history taking is important to learn of possible contactants. Diagnosis can be confirmed by patch test, which can detect hypersensitivity to a given substance, which is in contact with the skin.

IV Infective Eczematoid Dermatitis:

Infectious eczematoid dermatitis is regarded as an example of auto-sensitization. The skin becomes sensitized to bacterial or tissue chemical substance contained in the exudate. The disease spreads from a local site by peripheral extension and by autoinoculation.

Aetiology:

It may develop

- Discharging abscess
- Ulcers
- Chronic otitis media
- Bedsore
- Fistula
- Discharge from the eyes, nose and vagina
- Eczematous eruptions
- Acute stages of radio dermatitis

Predisposing factors:

- Poor hygiene
- Scratching
- Sweating
- Chemical trauma

Sites:

Scalp, pubis, feet, lower legs, ear, around arms and around varicose ulcers.

Clinical features:

- ✓ Well-defined margin.
- ✓ Erythema, vesiculation, profuse exudate, crusting, creasy moist scales are appeared.
- ✓ Small pustules at the advancing stage.
- ✓ Pruritis present.
- ✓ Ulcer.

Immunology of eczema:

Atopic type of eczema is entirely immune mediated reaction. Sensitization develops when a different clone of 'T' lymphocytes activated. The sensitized 'T' lymphocytes yield two sub-populations of lymphocytes. They are

1. Memory cells:

That is responsible for the persistence of contact allergy.

2. Efferent cells:

These cells initiate the allergic response when appropriately challenged.

1. Reaction time:

It is the time taken by a sensitized individual to manifest a clinical reaction following contact with a known sensitizer. It is usually 12-24 hours. But may vary from one to 120 hours. The reaction time is inversely proportional to the severity of the allergy.

2.Dissemination reaction:

It is a fleeting, erythematous macular reaction involving the face and flexures, seen in some cases of contact dermatitis. There is some evidence that dissemination reaction is caused by the escape of lymphokinin in the circulation resulting in vasodilation at a distant site.

Flare reaction:

In contact dermatitis, reaction of a previously healed site of a contact dermatitis reaction or a positive patch test reaction followed renewed challenge or exposure to the same allergen at another site. This is because of persistence of sensitized lymphocytes of the site of earlier reaction, which react to minute amounts of antigen that sometimes escape into the circulation from the new site and find its way to the old site. Langerhans cells are responsible for antigen processing in contact allergy.

HISTOPATHOLOGY OF ECZEMA

The histopathological features of eczema reflect dynamic sequence of changes resulting inflammation of the epidermis and vary the indulging dermal structures. These vary with the intensity and stage of eczematous process, and are frequently modified by secondary events such as trauma and infection.

Spongiosis is an intercellular epidermal oedema that leads to stretching and eventual rupture of the intercellular attachments with the formation of vesicles. Increased epidermal mitotic activity leads

to acanthosis, but if spongiosis is intense disintegration of the suprapapillary epidermis may cause clefts to form exposing the underlying dermis.

In the sub acute stage, spongiosis diminishes and increasing acanthosis is associated with formation of a parakeratotic horny layer. This often contains layers of dried-up serum and pyknotic nuclei of inflammatory cells. Later the ridges become elongated and broadened and hyperkeratosis replaces [arakeratosis]. The changes are then those of lichenification.

The infiltrate is predominantly lymphocytic, through polymorphs and eosinophils are particularly common in eczematous dry eruption. In the presence of infection, polymorphs may invade the epidermis.

Prognosis in eczema:

The outlook rests on correct elicitation and the complete eradication of the causes. It is regrettable that potential sensitizers are sold so freely in the market for the public to purchase. The skin is the superficial subject and so it is easily accessible to over - treatment and ill treatment.

Dermatitis and eczema are, as a rule, curable conditions. Eczemas are non infective except when they are impetiginized and of the infective variety. They do not leave scars. The patient needs reassurance on these points. It must be remembered that epidermis is an ecto-dermal structure and so, takes time to health patience

must be the watch word; energetic treatment is to be strongly discouraged. Once warned the patient will readily to cooperate.

Acute eczemas heal readily in about 1 - 4 weeks, with proper treatment. Chronic eczemas, in which anatomical and fractional changes set in, take time to disappear. Disseminated and generalized eczemas are not only slow to heal, but are accompanied by ill health also. Infantile and atopic eczemas are trouble some and uncomfortable.

The former lasts till the age of 25 or even throughout the life. Its course is marked by spontaneous remissions and exacerbations. Climate extremes, psychogenic stresses and poor health aggravate dermatitis and eczema. The cure of these conditions is retarded in tropical countries, by heat, humidity and the prevalent unhygienic conditions.

Treatment:

It consists of

Reassuring the patient and his relatives about the disease being curable, non-infectious and non-scarring. Tactful bedside psychotherapy pays dividends in all cases.

Elimination of predisposing, exciting and complicating cause. In one individual, more than a single cause may be at play. To prevent recurrence, advice should be given to the patient regarding exposure to causes. Anyone suffering from contact eczema, for instance, should be advised against any exposure to the possible

sources of the causative allergens and allergeo-immunologically related substances. Patients with infective eczemas are requested to treat infection by suitable antibiotic regarding the sources of infection. Improving the general state of nutrition is also important.

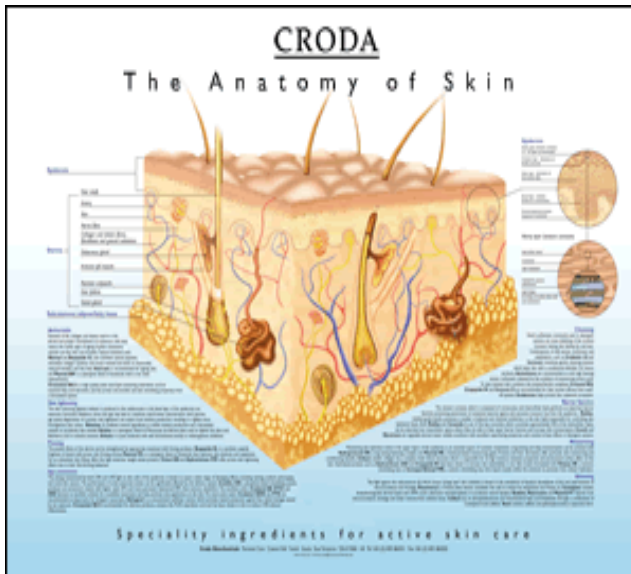
Palliative treatment must be properly carried out to effect a complete cure. Their life style should be strictly free from cosmetics.

COMMON TYPES OF ECZEMA

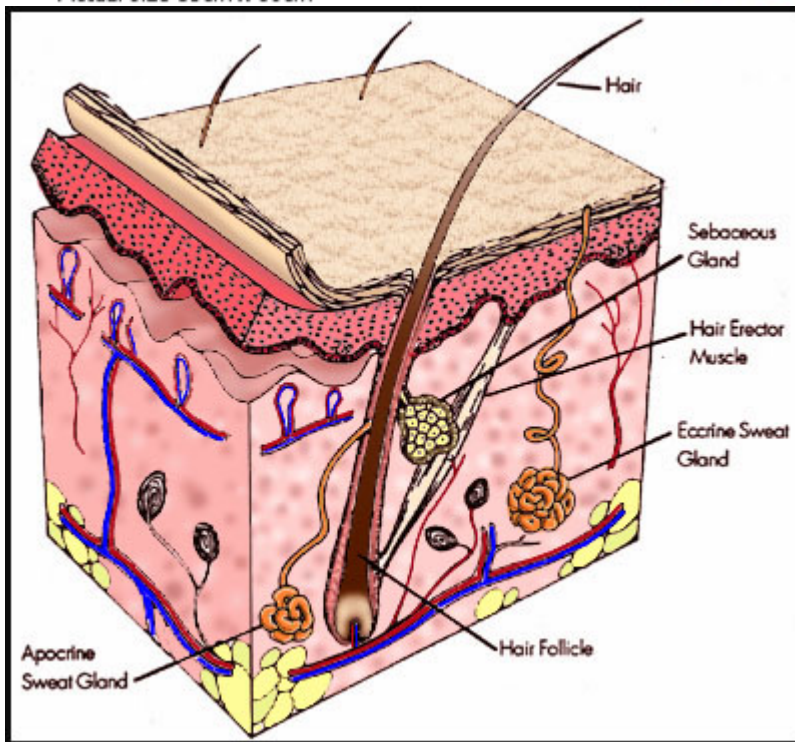
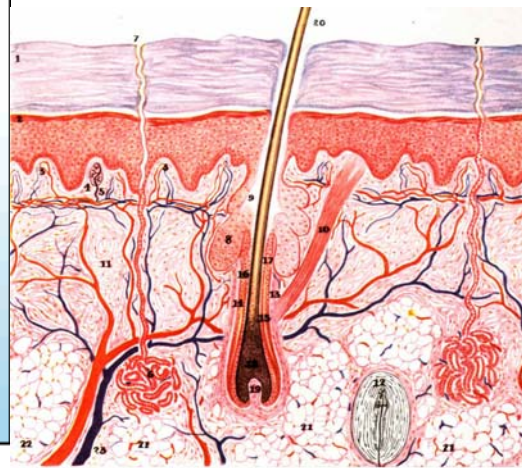
Types	Synonyms	Frequency/Age group	Remarks
Atopic dermatitis	Neroudermatitis, Infantile eczema, Besner's prurigo	Very common, mostly occur in infants and very young.	Cause unknown, but appear to be immunologically mediated.
Seborrhoeic dermatitis	Infectious eczematoid	Very common, all age groups.	Probably has microbial cause with over growth of normal skin flora being responsible.
Discoid eczema	Nummular eczema	Uncommon-mainly in middle aged individuals.	Cause unknown.
Lichen simplex chronicus	Circumscribed neuro dermatitis	Quite common, mainly in young and middle aged adults.	Initial cause appears to be a localized
Eczema craguellee	Ateratotic eczema	Uncommon- restricted to elderly	Low humidity and vigourous washing seem responsible.

Varicose eczema	Stasis dermatitis, Gravitational eczema	Common in the age group that has gravitational syndrome.	Multiple causes, a common variety is allergic contact dermatitis to medicaments used.
Allergic contact dermatitis	-	Common in all adult age groups same as the very old.	Delayed hypersensitivity response to a specific agent.
Primary irritant contact dermatitis	Occupational dermatitis, house-wives eczema	Very common in adult age groups same the very elderly.	Both mechanical and chemical trauma responsible.
Photosensitivity eczema	-	Not common – mainly in adults.	Both photo toxic and photo allergic adults

Roxburgh's common skin diseases – Ronald Marks.



Actual size 85cm x 60cm



PROTOCOL

AN OPEN TRIAL OF KARUNCHEERAGA CHURANAM AND BRAHMATHANDU THYLUM FOR THE TREATMENT OF ECZEMA

I. BACKGROUND

Eczema is a specific type of allergic cutaneous manifestation of antigen-antibody reaction. It is a common problem all over the world. Its prevalence is 2-3% of all medical problems seen in practice. The prevalence of Eczema is increasing and has increased between 2-5 folds over the last 3 decades.

In Athma Rakshamirtham text, there is a preparation for Eczema, which is not in common practice, whose efficacy is 90% for all types of Eczema. So, we try to prove it in a open clinical trial in our OPD and IPD patients.

II. a) Primary aim

To find out the efficacy of Karuncheeraga Churanam (Internal) and Brahmathandu Thylam (External) in Karappan (Eczema) patients.

b) Secondary aim:

To find out the side effects or adverse reactions, if any.

III. POPULATION & SAMPLE

- i. The Population consists of all patients with Eczema.
- ii. The trial will be a single centric, open clinical trial.
- iii. The Participating centre is,"AYOTHI DOSS PANDITHAR HOSPITAL" OF NATIONAL INSTITUTE OF SIDDHA, CHENNAI – 47.

IV. SAMPLE SIZE

The trial size will be 60 patients.

v. a) INCLUSION CRITERIA

- 1) Patients who are having classical symptoms of Eczema.
- 2) Disease not more than 15 years.
- 3) Aged 20 years and above.
- 4) Willing to give specimen of blood for the investigation when required.
- 5) Willing to be admitted as In-patient in our ward for minimum 25 days and continue the remaining treatment in OPD or Willing to attend OPD once in 8 days for 48 days.

b) EXCLUSION CRITERIA

A patient is not eligible for admission to the trial if any of the following is applicable

- I. Any history of trauma, Hyper Tension, cardiac disease, alcoholism.
- II. Use of intravenous (or) oral narcotic drugs.
- III. Pregnancy.
- IV. Lactation.
- V. Patients with any other serious illnesses.

c) WITHDRAWAL CRITERIA

1. Any drastic changes occurring in haematological findings during treatment period.
2. Development of any severe irritability.
3. Occurrence of any serious illness.

d) TRIAL DRUG & DURATION

1. PURGATIVE - MEGANATHA KULIGAI-2 tabs in early morning
(with hot water before starting treatment)
2. INTERNAL DRUG - KARUNCHEERAGA CHURNAM
1gm thrice in a day, after food with hot water.

3.EXTERNAL DRUG - BRAHMATHANDU THYLUM
15-30ml twice application / day

4.TRIAL PERIOD - 48 days

V. TESTS & ASSESSMENT

a) ASSESSMENT BY CLINICAL FEATURES

- I. Itching
- II. Erythematous lesions with oedema
- III. Presence of Macule / Papule / Vesicle / Pustule
- IV. Oozing, scaling, Lichenification of Skin
- V. Hyper / Hypo / De- Pigmentation

b)INVESTIGATIONS

Routine investigations – TC, DC, ESR, Hb, Blood sugar, Serum cholesterol, Urine- sugar, Albumin, Deposits, Stools- ova, cysts, occult blood etc will be carried out.

VI. CONDUCT

- a. Eczema patients satisfying inclusion and exclusion criteria will be eligible for admission to the trial.
- b. Informed consent will be obtained from the patients.

- c. A day before starting trial treatment, cleaning of mukkuṭras by purgation will be carried out.
- d. Photos will be taken and tests will be carried out before treatment ,during treatment and at the end of the treatment.
- e. All the evidence will be documented.

VII. FORM

- ✓ FORM I – Selection Proforma

It is used before admission of the patients to the trial.

- ✓ FORM II – Assessment Form

It is used once in 8 days during treatment.

VIII.ANALYSIS

- 1) Paired Chi- Square (χ^2) test for the difference in proportions.
- 2) Paired t-test for the difference in means.

Observations and Result

1. Gender distribution

Gender	Cases	
	No.	Percentage %
Male	42	70.0
Female	18	30.0
Total	60	100.0

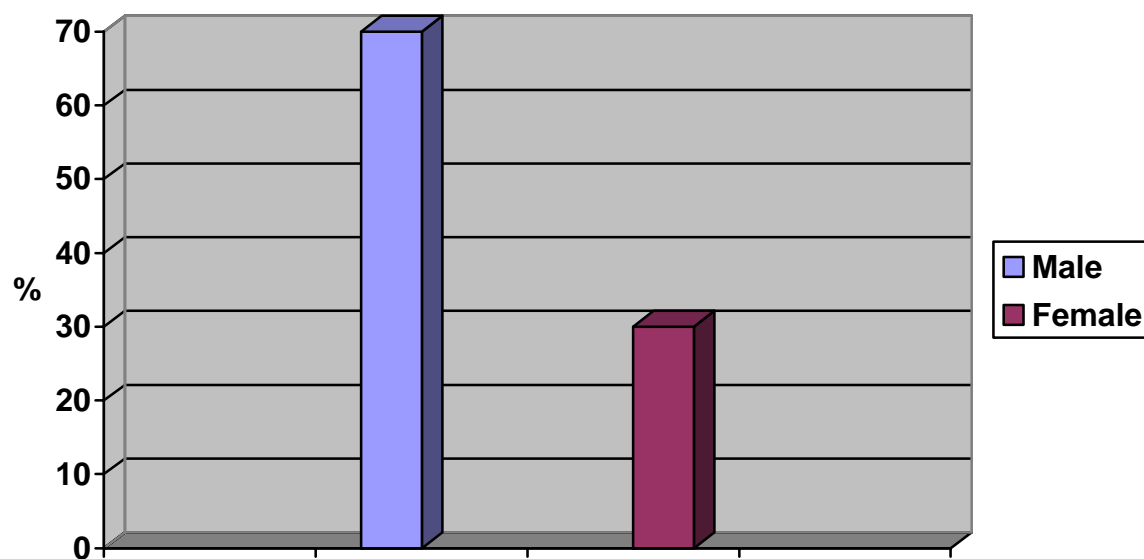


Figure 1. Bar Diagram For Gender Distribution.

2.Age distribution

Age(years)	Cases	
	No.	Percentage %
≤20	2	3.3
21-30	4	6.7
31-40	6	10.0
41-50	18	30.0
51-60	14	23.3
61-70	10	16.6
71+	6	10.0
Total	60	100.0

3.Kaalam distribution :

90% of cases reported during Koothir kaalam and 10% of cases during Mudhuvenil kaalam.

4.Occupational distribution:

Occupation	Cases	
	No.	Percentage %
House wives	12	20.0
Mason	6	10.0
Stress oriented employees	12	20.0
Employees exposed to chemicals	7	11.7
Coolie	7	11.7
Miscellaneous	16	26.6
Total	60	100.0

5. Diet distribution

Diet	Cases	
	No.	Percentage %
Vegetarian	5	8.3
Non - vegetarian	55	91.7
Total	60	100.0

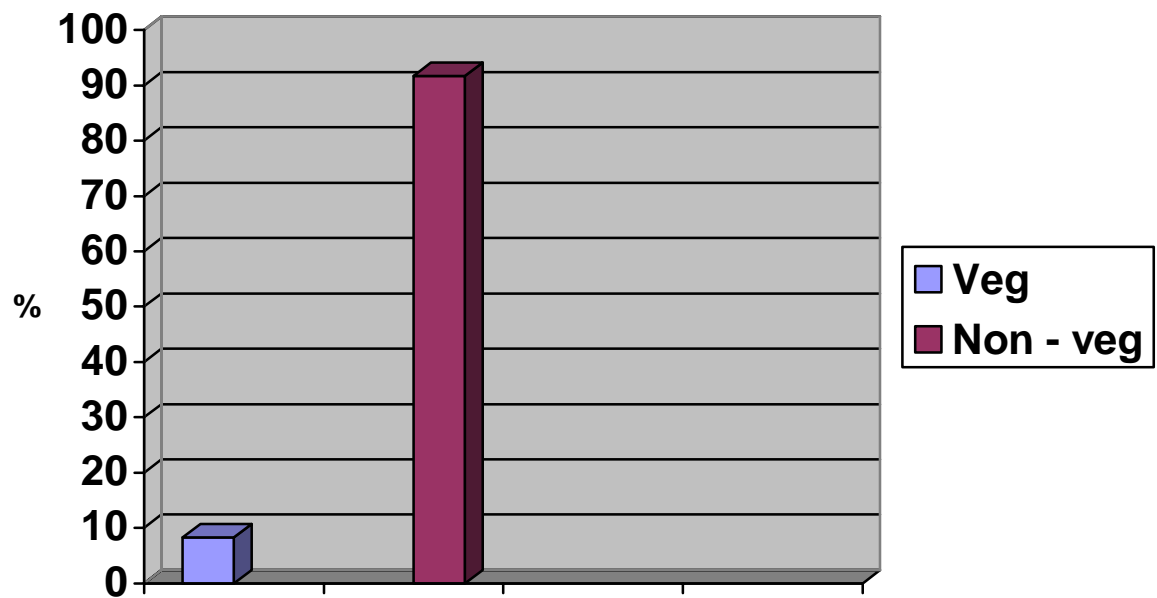


Figure 2. Bar Diagram For Diet Distribution.

6.Socio economic distribution.

Income	Cases	
	No.	Percentage %
Low income	32	53.4
Middle income	26	43.3
High income	2	3.3
Total	60	100.0

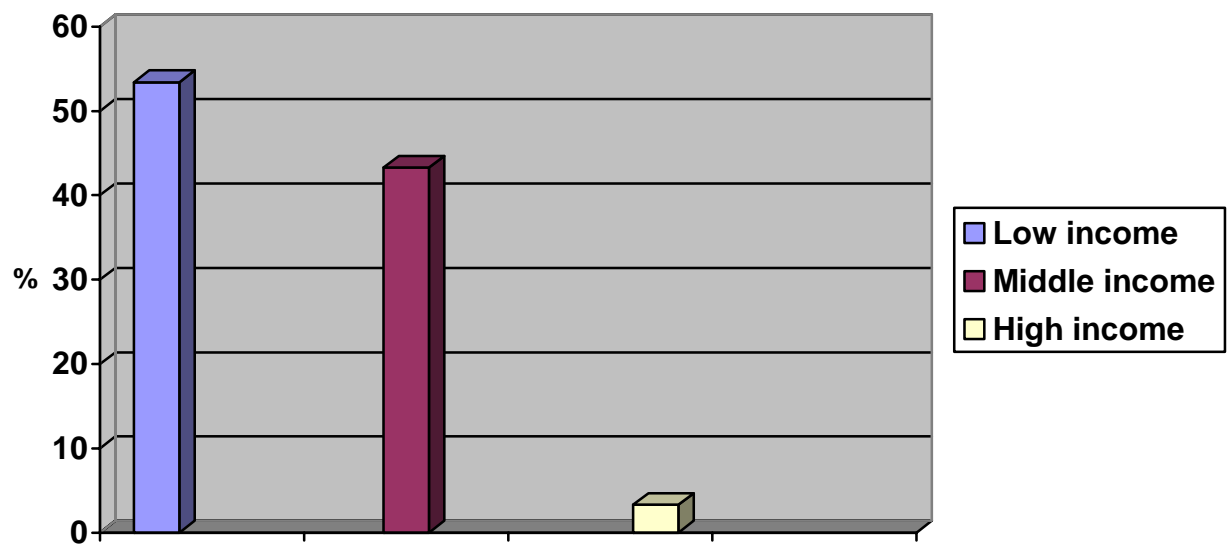


Figure 3.Bar Diagram For Socio Economic Distribution.

7.Kaalam

Kaalam	Cases	
	No.	Percentage %
Vaatha kaalam (0-33 yrs)	7	11.7
Pitha kaalam (34-66 yrs)	45	75.0
Kapha kaaam (67-100 yrs)	8	13.3
Total	60	100.0

8.Thinai

100% of cases reported from the Neithal Thinai.

9.Gunam

100% of cases reported were under Rasatha gunam.

10.Yakkai distribution

Yakkai	Cases	
	No.	Percentage %
Vatha udal	0	0.0
Vatha pitha udal	32	53.3
Vatha kapha udal	11	18.3
Pitha udal	0	0.0
Pitha vatha udal	8	13.3
Pitha kapha udal	5	8.3
Kapha udal	0	0.0
Kapha vatha udal	2	3.3
Kapha pitha udal	2	3.3
Total	60	100.0

11.Mode of onset .

Onset	Cases	
	No.	Percentage %
Acute	17	28.3
Subacute	6	10.0
Gradual	37	61.7
Total	60	100.0

12.Etiological distribution.

Etiology	Cases	
	No.	Percentage %
Hereditary	2	3.3
Allergic exposure	17	28.3
Occupational	21	35.0
Stress induced	13	21.7
Diet	3	5.0
Insect bite	4	6.7
Total	60	100.0

13.Associate history

History	Cases	
	No.	Percentage %
Bronchial asthma	6	10.0
Hay fever	0	0.0
Urticaria	1	1.7
Diabetes	4	6.7
Hypertension	2	3.3
Total	13	22.7

14.Mukkutram distribution.

a) Vaatham

Vaatham	Cases	
	No.	Percentage %
Praanan	4	6.7
Abaanan	9	15.0
Vyaanan	60	100.0

Udhanan,Samanan, Nagan, Koorman, Kirukaran, Devathathan, Dhananjeyam are not affected .

b)Piththam

Piththam	Cases	
	No.	Percentage %
Ranjagam	60	100.0
Prasaham	60	100.0

Anar pitham, Alosoham, Sathagam are not affected .

c)Kabam

Kabam	Cases	
	No.	Percentage %
Avalambagam	6	10.0
Santhiham	10	16.7

Kiletham, Pothagam, Tharpagam are not affected.

15.Udal thathukal distribution

Udal thakkukal	Cases	
	No.	Percentage %
Saaram	60	100.0
Senneer	60	100.0

Oonn, Kozhuppu, Enbu, Moolai, Sukkilam/Suronitham are not affected.

16.Envagai thervu distribution

Envagai thervu	Cases	
	No.	Percentage %
Niram	60	100.0
Sparism	60	100.0

Naa, Mozhi, Vizhi, Malam, Moothiram are not affected.

17.Naadi

Naadi	Cases	
	No.	Percentage %
Vatham	0	0.0
Vatha pitham	19	31.7
Vatha kapham	07	11.7
Kapham	0	0.0
Kapha vatham	1	1.7
Kapha pitham	2	3.3
Pitham	0	0.0
Pitha vatham	21	35.0
Pitha kapham	10	16.7
Total	60	100.0

18. Gnanenthriyam

Mei is affected in 100% of cases. But Vaai, Kann, Mokku and Sevi are not affected.

19.Kanmenthriyam

Kanmenthriyam	Cases	
	No.	Percentage %
Kai	1	1.7
Kaal	8	13.3
Vaai	0	0.0
Karvaai	0	0.0
Eruvaai	4	6.7

20.Neikuri

Nei kuri	Cases	
	No.	Percentage %
Vatha neer	1	1.7
Pitha neer	0	0.0
Kapha neer	21	35.0
Others		
a)fastly spread	2	3.3
b)slowly spread	36	60.0
Total	60	100.0

21.Duration of illness

Duration (years)	Cases	
	No	Percentage %
<2	36	60.0
2 -	8	13.3
4 -	8	13.3
6 -	2	3.3
8 -	4	6.7
10+	2	3.4
Total	60	100.0

22.Clinical features

Symptoms	Before treatment		After treatment	
	Cases			
	No.	%	No.	%
Itching	60	100.0	9	15.0
Wheal	0	0.0	0	0.0
Erythema	21	35.0	0	0.0
Macule	10	16.7	0	0.0
Papule	4	6.7	0	0.0
Pustule	16	26.7	0	0.0
Blister	7	11.7	0	0.0
Vesicle	57	95	0	0.0
Oozing	58	96.7	0	0.0
Crusting	56	93.3	2	3.3
Scaling	46	76.7	3	5.0
Lichenification	58	96.7	15	25.0
Hyper pigmentation	59	98.3	26	43.0
Ulceration	23	38.3	0	0.0
Pain & burning sensation	7	11.7	0	0.0
Bad odour	6	10	0	0.0

23.Results

Results	Cases	
	No.	Percentage %
Cured	39	65.0
Improved	20	33.3
No change	1	1.7
Total	60	100.0

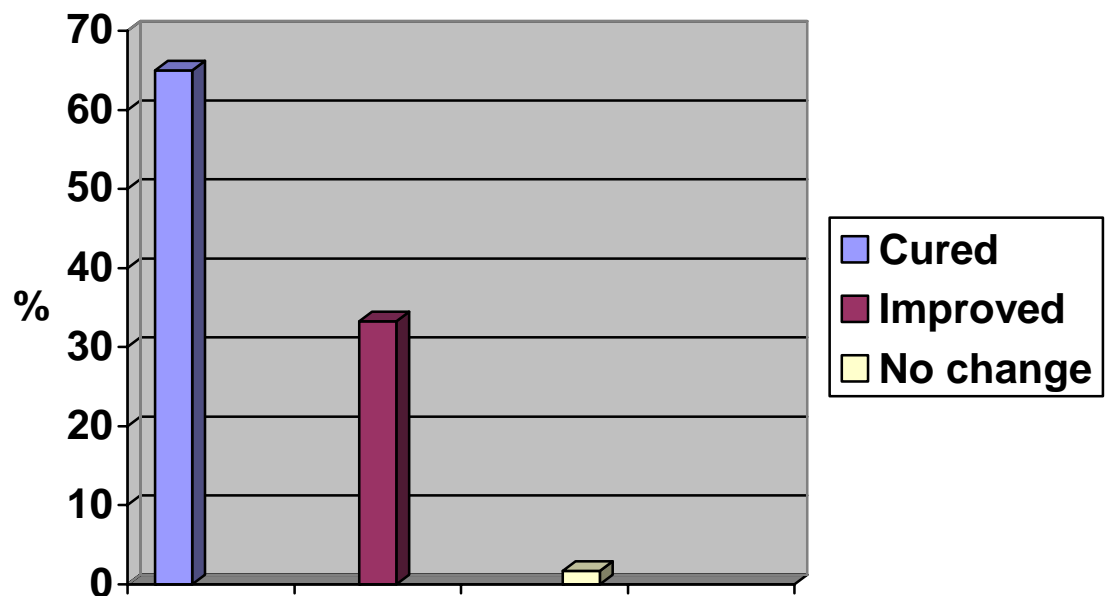


Figure 4.Bar Diagram For Result of Treatment.

HAEMATOLOGICAL INVESTIGATIONS

Sl No.	IP No.	TC (Cumm)		DC (Cumm)								Hb (mg/dl)		Blood sugar (mgs%)				Blood urea (mgs%)		Blood cholesterol (mgs%)		ESR (mm)			
		BT	AT	BT(%)				AT(%)				BT	AT	BT		AT		BT	AT	BT	AT	BT		AT	
				P	L	E	M	P	L	E	M			F	PP	F	PP					½hr	1hr	½hr	1hr
1.	352	7400	7500	50	44	06	-	46	40	04	-	13.4	12.8	315	370	104	150	41	40	246	240	06	12	04	08
2.	366	8600	8100	62	32	06	-	60	38	06	-	11.2	12.3	89	100	104	122	36	40	240	240	14	28	10	12
3.	106	7100	7500	60	36	02	02	68	34	02	-	12.0	12.0	93	126	93	120	35	40	240	242	08	16	6	12
4.	374	7400	8000	58	38	04	-	60	36	04	-	12.0	13.2	89	189	92	170	40	36	210	215	20	42	06	12
5.	384	6700	7100	60	38	02	-	62	34	02	-	12.0	12.0	78	137	80	120	36	40	174	180	04	08	04	08
6.	118	7400	7600	58	40	02	-	56	42	02	-	12.0	13.0	96.2	107.4	100	120	36	35	204	196	04	08	04	08
7.	463	7800	7400	50	46	02	-	48	50	02	-	13.0	13.8	111.1	133.3	106	120	36	32	150	140	35	72	10	12
8.	465	8800	9400	62	32	02	-	56	42	02	-	10.0	9.6	104	130	96	139.2	34	32	148	138	12	24	10	20
9.	473	9300	9600	66	30	04	-	60	38	02	-	11.6	12.3	96.2	108	94	106	18	25	187	195	24	50	10	18
10.	499	7900	8200	60	36	04	-	60	38	02	-	9.6	10.1	83	104	84	110	24	23	260	256	09	18	06	10
11.	445	7900	7800	52	44	04	-	50	48	02	-	12.2	14.0	40	96	70	99	23	21	207	207	10	20	04	08
12.	285	7800	6800	54	44	02	-	60	38	02	-	11.0	11.6	80	100	82	106	16	20	175	180	26	48	10	14
13.	239	7000	6700	56	40	04	-	53	45	02	-	10.2	12.0	87	103	89	104	24	27	138	207	26	56	10	22
14.	521	9000	8600	58	40	02	-	56	42	02	-	13.0	13.4	93	173	90	104	26	23	173	165	04	08	02	04
15.	523	8300	8200	56	38	06	-	54	44	02	-	12.2	12	71	114	78	124	17	20	-	170	04	08	02	06
16.	524	8900	9100	56	38	06	-	58	40	02	-	12.4	12.0	71	90	72	104	71	20	178	184	20	40	10	12
17.	242	7300	8100	56	40	04	-	54	46	-	-	10.4	12.2	130	285	121	150	21	26	138	150	12	26	10	14
18.	526	8800	8600	60	38	02	-	58	42	-	-	12.8	12.0	70	93	72	101	16	17	174	170	10	20	06	08
19.	244	7900	7400	48	48	04	-	46	50	04	-	11.8	11.6	67	96	66	88	18	21	178	176	08	16	04	08
20.	528	8200	8200	52	46	02	-	58	40	02	-	11.6	12.0	82	108	80	104	24	24	173	182	08	14	02	06

Sl No.	OP No.	TC (Cumm)		DC (Cumm)								Hb (mg/dl)		Blood sugar (mgs%)				Blood urea (mgs%)		Blood cholesterol (mgs%)		ESR (mm)			
		BT	AT	BT(%)				AT(%)				BT	AT	BT		AT		BT	AT	BT	AT	BT		AT	
				P	L	E	M	P	L	E	M			F	PP	F	PP					½hr	1hr	½hr	1hr
21	S1575	8100	8600	60	34	06	-	50	48	02	-	11.2	12.8	115	156	110	130	30.2	32	224	178	03	06	07	14
22.	S1613	6600	890	46	48	06	-	60	35	05	-	10.4	12	80	89	82	96	31.3	28	194	187	20	40	08	16
23.	S2219	7800	7600	58	40	02	-	60	38	02	-	12.6	13.2	68	108	78	100	29	26	180	170	08	16	04	12
24.	S2496	9600	7800	50	40	10	-	56	40	04	-	12.8	12	64	207.4	-	-	40	-	226	-	56	120	40	80
25.	S3802	8800	7800	58	40	02	-	56	42	02	-	10	11	93	100	100	110	28.1	29	200.2	200.6	07	14	06	10
26.	S3383	7700	7900	54	40	06	-	60	38	02	-	13.6	12	81.4	159.2	80	136	27	28	274	256	10	22	02	04
27.	S4451	8200	8400	58	40	02	-	56	42	02	-	10.2	11	84	96	82	100	40	41	139	130	30	62	12	16
28.	S4525	7800	7300	56	40	04	-	53	40	07	-	12.4	11	76	156	84	123	29	32	184	193	04	08	02	06
29.	S4543	7900	7600	60	38	02	-	58	40	02	-	12	12	88	96.2	84	110	30	31	189	192	04	08	02	06
30	S4788	8400	8200	58	40	02	-	56	42	02	-	12	13	68	96.2	74	108	32	34	196	184	02	04	02	04
31	S5084	7800	8100	54	44	04	-	52	48	02	-	11.8	12.6	80	84	92	110	32	30	184	196	02	06	02	04
32.	S5181	7800	6900	58	40	02	-	56	40	04	-	11.8	12	88	100.2	92	106	36	19	200	159	04	06	08	16
33.	S5221	7000	7200	60	36	04	-	62	36	02	-	12.6	13.1	76	116	80	121	32	34	193	154	05	12	02	06
34.	S5805	9000	8800	60	40	02	-	58	42	02	-	12	12.8	88	104	92	106	22.2	26	186.2	190	07	14	04	08
35.	S5914	8900	9100	50	40	10	-	54	44	02	-	12.8	13.1	104	168	100	154	29	30	171	178	06	12	04	08
36.	S6230	8300	7000	50	46	04	-	56	40	04	-	11.8	9.4	82.1	114.2	183	120	40.2	19	172.2	160	06	12	12	24
37.	S6326	7400	7600	54	44	02	-	52	46	02	-	12.6	13	79	99	82	101	41	39	214	206	08	16	04	08
38.	S7114	7000	7100	56	42	02	-	54	44	02	-	10.6	11	78	96.2	82	100	38	38	133	148	12	24	08	12
39.	S7171	7300	7400	56	40	04	-	58	40	02	-	12.4	13.2	98	107.3	101	110	39	40	189	174	13	26	06	08
40.	S7258	7600	6700	52	44	04	-	55	41	04	-	12	12.2	89	115	117	130	31	16	211	212	60	128	30	60
41.	S7511	8200	8100	48	46	06	-	50	48	02	-	12	13	102	122	98	126	39	38	207	189	16	24	04	08
42.	S7584	7400	7600	50	48	02	-	50	48	02	-	12.6	13	84	96.2	88	103	39	38	155.4	160	08	16	04	08
43.	S7724	7400	7600	48	48	04	-	50	48	02	-	13.6	14	94	100	96	103	35	37	155	168	10	20	06	14
44.	S8502	8800	9000	52	42	06	-	53	42	05	-	13.8	12.8	86	104	89	100	20.2	17	145	193	07	14	05	10

Sl No.	OP No.	TC (Cumm)		DC (Cumm)								Hb (mg/dl)		Blood sugar (mgs%)				Blood urea (mgs%)		Blood cholesterol (mgs%)		ESR (mm)			
		BT	AT	BT(%)				AT(%)				BT	AT	BT		AT		BT	AT	BT	AT	BT		AT	
				P	L	E	M	P	L	E	M			F	PP	F	PP					½hr	1hr	½hr	1hr

45.	S8812	8800	9000	52	42	06	-	54	44	02	-	08	10	79	93	80	96	21	20	179	176	12	26	06	10
46.	S9851	8000	8100	36	44	-	-	58	42	-	-	13.2	13.8	68	98	70	96	18	20	248	236	06	12	04	08
47.	S9843	7900	8200	52	46	02	-	50	48	02	-	12	13.7	74	114	80	110	19	18	234	230	12	26	08	12
48.	S10000	7100	7600	56	44	-	-	58	40	02	-	12	13.6	82	103	83	106	17	18	156	150	06	12	04	08
49.	T126	7900	8900	54	42	04	-	58	38	04	-	13	12.2	85	104	89	110	18	23	214	262	05	10	12	24
50.	T527	8200	8100	60	40	-	-	58	42	-	-	12	12.9	83	98	91	104	18	19	207	220	25	50	18	22
51.	T595	8200	8400	60	40	-	-	56	42	02	-	11.6	12.3	91	139	98	136	16	20	150	148	04	08	02	04
52.	T598	7800	8200	60	32	08	-	58	40	02	-	10.8	12	98	110	96	112	21	23	184	176	12	26	06	10
53.	T635	7800	8200	54	40	06	-	52	46	02	-	10.6	11.2	94	100	90	110	16	17	143	148	10	22	04	08
54.	T2031	7200	7400	56	40	04	-	58	40	02	-	11.2	12.3	74	87	76	92	23	22.1	179	183	20	40	10	20
55.	T2235	8900	9000	52	46	02	-	50	48	02	-	12	12.7	178	226	148	190	19	21	234	216	06	12	02	04
56.	T2427	8200	8600	56	40	04	-	56	44	02	-	12.2	13.1	78	126	81	120	21	21	182	191	02	04	02	04
57.	T3130	7600	7900	50	44	06	-	52	46	02	-	12.4	12.9	99	85	98	110	31	30	187	191	04	08	04	06
58.	T3482	8200	7900	50	46	04	-	50	48	02	-	11.2	10	71	110	79	126	30	29	141	133	02	04	05	10
59.	T4417	7300	9800	50	48	02	-	61	35	04	-	09	10.2	80	89	78	86	21	20	147	136	10	22	18	40
60.	T4817	7600	10000	52	46	02	-	64	34	02	-	12	10.8	76	88	72	94	30.2	25	155	148	09	20	10	22

URINE AND MOTION ANALYSIS

Si.No	IP No.	Before treatment			After treatment			Before treatment			After treatment		
		Albumin	Sugar	Deposits	Albumin	Sugar	Deposits	Ova	Cyst	Occult blood	Ova	Cyst	Occult blood
1.	352	Trace	+++	6-8 PC, 4-6 EC	Nil	+	1-2 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
2.	366	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	2-4 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
3.	106	Nil	Nil	4-6 PC, 2-6 EC	Nil	Nil	1-2 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
4.	374	Nil	Nil	4-6 PC, 2-4 EC	Nil	Nil	1-2 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
5.	384	Trace	Nil	1-2 PC, 1-2 EC	Nil	Nil	1-2 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
6.	118	Nil	Nil	1-2 PC, 1-2 EC	+	Nil	1-2 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
7.	463	Nil	Nil	2-3PC, 2-3EC	Nil	Nil	1-2 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
8.	465	Nil	Nil	4-6 PC, 2-4 EC	Nil	Nil	2-4 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
9.	473	Nil	Nil	4-6 PC, 2-4 EC	Nil	Nil	2-4 PC,3-5 EC	Nil	Nil	Nil	Nil	Nil	Nil
10.	499	Nil	Nil	4-6 PC, 4-6 EC	Nil	Nil	2-4PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
11.	445	Nil	Nil	4-6 PC ,3-4 EC	Nil	Nil	1-2 PC,1-3 EC	Nil	Nil	Nil	Nil	Nil	Nil
12.	285	Nil	Nil	4-6 PC ,2-4 EC	Nil	Nil	1-2 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
13.	239	Nil	Nil	2-3 PC, 2-3 EC	Nil	Nil	1-3 PC,1-3 EC	Nil	Nil	Nil	Nil	Nil	Nil
14.	521	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	1-2 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
15.	523	Nil	Nil	5-6 PC, 2-4 EC	Nil	Nil	1-3 PC,1-3 EC	Nil	Nil	Nil	Nil	Nil	Nil
16.	524	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	1-2 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
17.	242	Nil	Nil	4-6 PC, 4-6 EC	Nil	Nil	4-6 PC,4-6 EC	Nil	Nil	Nil	Nil	Nil	Nil
18.	526	-	-	-	Nil	Nil	1-2 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
19.	244	-	-	-	Nil	Nil	2-3 PC,2-3 EC	Nil	Nil	Nil	Nil	Nil	Nil
20.	528	-	-	-	Nil	Nil	1-3PC,1-3EC	+	+	Nil	Nil	Nil	Nil

*PC- Pus Cells, EC-Epithelial Cells

Sl.No	OP No.	Before treatment			After treatment			Before treatment			After treatment		
		Albumin	Sugar	Deposits	Albumin	Sugar	Deposits	Ova	Cyst	Occult blood	Ova	Cyst	Occult blood
21	S1575	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
22.	S1613	Nil	Nil	3-4 PC, 2-3 EC	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
23.	S2219	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	1-2 PC, 2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
24.	S2496	Nil	Nil	4-6 PC, 4-6 EC	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
25.	S3802	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	2-4 PC, 1-2EC	Nil	Nil	Nil	Nil	Nil	Nil
26.	S3383	Nil	Nil	0-1 PC, 2-4 EC	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
27.	S4451	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	1-4 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
28.	S4525	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	4-6 PC, 4-6EC	Nil	Nil	Nil	Nil	Nil	Nil
29.	S4543	Nil	Nil	2-3 PC, 1-2 EC	Nil	Nil	1-3 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
30	S4788	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	1-3 PC, 1-3 EC	Nil	Nil	Nil	Nil	Nil	Nil
31	S5084	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	1-4 PC, 1-3 EC	Nil	Nil	Nil	Nil	Nil	Nil
32.	S5181	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
33.	S5221	Nil	Nil	1-2 PC,1-2 EC	Nil	Nil	1-3 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
34.	S5805	Nil	Nil	2-4 PC, 1-2 EC	Nil	Nil	1-2 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
35.	S5914	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
36.	S6230	Nil	Nil	2-3 PC, 1-2 EC	Nil	Nil	2-4 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
37.	S6326	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	1-3 PC,2-4 EC	+	+	Nil	+	+	Nil
38.	S7114	Nil	Nil	2-4 PC, 1-2 EC	Nil	Nil	1-3 PC, 1-4 EC	+	+	Nil	Nil	Nil	Nil
39.	S7171	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	1-3 PC, 1-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
40.	S7258	Nil	Nil	4-6 PC, 2-4 EC	Nil	Nil	2-4 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
41.	S7511	Nil	Nil	1-3 PC, 1-3 EC	Nil	Nil	2-4 PC, 2-4 EC	+	+	Nil	Nil	Nil	Nil
42.	S7584	Nil	Nil	4-6 PC, 2-4 EC	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
43.	S7724	Nil	Nil	2-4 PC, 1-2 EC	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
44.	S8502	Nil	Nil	2-4 PC, 6-8 EC	Nil	Nil	2-4 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
45.	S8812	Nil	Nil	3-5 PC, 3-5 EC	Nil	Nil	1-3 PC, 1-3 EC	Nil	Nil	Nil	Nil	Nil	Nil

***PC- Pus Cells, EC-Epithelial Cells**

Sl.No	OP No.	Before treatment			After treatment			Before treatment			After treatment		
		Albumin	Sugar	Deposits	Albumin	Sugar	Deposits	Ova	Cyst	Occult blood	Ova	Cyst	Occult blood
46.	S9851	Nil	Nil	4-6 PC, 4-6 EC	Nil	Nil	1-3 PC, 1-3 EC	Nil	Nil	Nil	Nil	Nil	Nil
47.	S9843	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	1-2 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
48.	S10000	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	1-3 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
49.	T126	Nil	Nil	2-4 PC, 1-2 EC	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
50.	T527	Nil	Nil	4-6 PC, 2-4 EC	Nil	Nil	2-4 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
51.	T595	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	1-3 PC, 1-3 EC	Nil	Nil	Nil	Nil	Nil	Nil
52.	T598	Nil	Nil	1-2 PC, 1-3 EC	Nil	Nil	1-4 PC, 2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
53.	T635	Nil	Nil	3-4 PC, 3-4 EC	Nil	Nil	1-2 PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
54.	T2031	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	1-2 PC,2-4 EC	Nil	Nil	Nil	Nil	Nil	Nil
55.	T2235	Nil	++	2-4 PC, 1-2 EC	Nil	Nil	2-4 PC, 1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
56.	T2427	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
57.	T3130	Nil	Nil	2-3 PC, 2- EC	Nil	Nil	1-2 PC, 1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil
58.	T3482	Nil	Nil	2-4 PC, 2-4 EC	Nil	Nil	4-6 PC, 3-5 EC	Nil	Nil	Nil	Nil	Nil	Nil
59.	T4417	Nil	Nil	1-2 PC,1-2EC	Nil	Nil	3-4 PC, 1-2EC	Nil	Nil	Nil	Nil	Nil	Nil
60.	T4817	Nil	Nil	2-4PC,1-2EC	Nil	Nil	3-4PC,1-2 EC	Nil	Nil	Nil	Nil	Nil	Nil

***PC- Pus Cells, EC-Epithelial Cells**

ஜெனவ் முகு ஜீ யுவஜநுவேன

S. No.	IP. No.	Name	Age/sex	D. O. A	D. O. D	No. of days treated	Result
1.	352	Periera	84/m	08/07/06	24/08/06	48	C
2.	366	Gothandapani	50/m	17/07/06	02/09/06	48	C
3.	106	Susan	52/f	27/07/06	12/09/06	48	I
4.	374	Kannan	62/m	26/07/06	11/09/06	48	I
5.	384	Shanmugavelu	65/m	03/08/06	19/09/06	48	C
6.	118	Poosam	55/f	04/08/06	20/09/06	48	C
7.	463	Arumugam	64/m	29/10/06	15/12/06	48	I
8.	465	Appadurai	85/m	31/10/06	20/12/06	48	C
9.	473	Subramanian	80/m	02/11/06	20/12/06	48	NC
10.	499	Ranganathan	55/m	26/11/06	12/01/07	48	C
11.	445	Muthu	52/m	25/11/06	11/01/07	48	I
12.	285	Mohana	60/f	09/12/06	25/01/07	48	I
13.	239	Palaniammal	60/f	14/12/06	30/01/07	48	C
14.	521	Vadivel	50/m	17/12/06	02/02/07	48	I
15.	523	Dhanasekaran	45/m	12/12/06	30/01/07	48	I
16.	524	Govindan	47/m	17/12/06	02/02/07	48	C
17.	242	Rani	60/f	18/12/06	03/02/07	48	C
18.	526	Anumanthan	73/m	18/12/06	03/02/07	48	C
19.	244	Kavitha	18/f	18/12/06	03/02/07	48	C
20.	528	Bharadhan	72/m	22/12/06	07/02/07	48	C

C – Cured

NC – No change

I – Improved

D. O. A. – Date of admission

D. O. D. – Date of discharge

LIST OF OP PATIENTS

S. No.	OP No.	Name	Age/sex	D. O. A	D. O. D	No. of days treated	Result
1.	S1575	Rajamani	63/m	04.11.06	21.12.06	48	C
2.	S1613	Viswanathan	50/m	17.11.06	04.01.07	48	C
3.	S2219	S.Munusamy	56/m	03.11.06	20.12.06	48	C
4.	S2490	Vasanth	56/f	12.11.06	29.12.06	48	C
5.	S3802	Dhanalakshmi	42/f	09.11.06	26.12.06	48	C
6.	S3383	Krishnamoorthy	65/m	02.11.06	19.12.06	48	I
7.	S4451	Karupaiya	65/m	11.11.06	28.12.06	48	C
8.	S4525	Radhakrishnan	68/m	08.11.06	25.12.06	48	I
9.	S4543	Ramu	42/m	04.11.06	21.12.06	48	I
10.	S4788	Gajalakshmi	32/f	14.11.06	31.12.06	48	C
11.	S5084	G.Subramanian	50/m	14.11.06	31.12.06	48	C
12.	S5181	L.Subramani	43/m	21.11.06	02.01.07	48	C
13.	S5221	V.Munusamy	45/m	13.11.06	30.12.06	48	I
14.	S5805	M.Saravanan	21/m	13.11.06	30.12.06	48	I
15.	S5914	Perumal	34/m	22.11.06	03.01.07	48	I
16.	S6230	Pandiyan	45/m	14.11.06	31.12.06	48	C
17.	S6326	Jeyanthi	38/f	20.11.06	05.01.07	48	C
18.	S7114	Vijayasankarappan	77/m	28.11.06	03.01.07	48	C
19.	S7171	Usharani	40/f	28.11.06	03.01.07	48	C
20.	S7258	Kasturi	58/f	25.11.06	11.01.07	48	C

S. No.	OP No.	Name	Age/sex	D. O. A	D. O. D	No. of days treated	Result
21.	S7511	Arulmurugan	27/m	22.11.06	08.01.07	48	I
22.	S7584	B.Baskaran	36/m	27.11.06	13.01.07	48	C
23.	S7724	Ramachandran	27/m	23.11.06	09.01.07	48	I
24.	S8502	Athikesavan	55/m	29.11.06	09.01.07	48	C
25.	S8812	Lalitha	16/f	30.11.06	16.01.07	48	C
26.	S9851	Govindharaju	42/m	23.11.06	09.01.07	48	C
27.	S9843	Guruvammal	45/f	22.11.06	08.01.07	48	C
28.	S10000	Beulah	42/f	22.11.06	08.01.07	48	C
29.	T126	Kabali	48/m	28.11.06	14.01.07	48	C
30.	T527	Murugesan	53/m	24.11.06	10.01.07	48	C
31.	T595	C.K.Saravanan	65/m	29.11.06	15.01.07	48	C
32.	T598	Maryrajam	45/f	28.11.06	14.01.07	48	C
33.	T635	Ponni	52/f	28.11.06	14.01.07	48	C
34.	T2031	Kanniammal	60/f	30.11.06	16.01.07	48	C
35.	T2235	Muthupandi	42/m	30.11.06	16.01.07	48	I
36.	T2427	B.Saravanan	53/m	01.12.06	17.01.07	48	I
37.	T3130	Jonesimmanuvel	55/m	02.12.06	18.01.07	48	I
38.	T3482	Ramamoorthi	61/m	06.12.06	22.01.07	48	C
39.	T4417	Ponraj	36/m	04.12.06	20.01.07	48	I
40.	T4877	Baasha	67/m	06.12.06	22.01.07	48	I

C – Cured.

NC – No change.

I – Improved.

D. O. A. – Date of admission.

D. O. D. – Date of discharge.

DISCUSSION

As per the protocol 60 patients with unique signs and symptoms related to karappan are itching, epidermo-spongio oedema, vesicles, oozing, thickening and hyperpigmentation of the skin were admitted into the trial under the department of Sirappu Maruthuvam, National Institute of Siddha, Chennai-47.

All the patients were subjected to preliminary routine investigation, which include haematological and urine examination on the date of admission and at the time of discharge.

Laboratory investigations of blood (TC, DC, ESR, Hb, Sugar , Urea, Cholestrol),Urine (Albumin, sugar, deposit) & Motion (Ova Cyst, Occult blood) has been done for all the 60 cases.

To normalize the altered mukkutram purgation was given to the patients on the day before starting the treatment. The trial medicines Karuncheeraga churanam (internal) and Brahmasthanu thylam (external) were administered for 48 days. All the patients were told to take the trial drug karuncheeraga churanam with hot water as an adjuvant, three times a day.

All the patients were strictly instructed to follow diet restriction and hygienic life style, in a healthy surrounding.

As said in the siddha textbooks the signs and symptoms of karappan were compared with those of eczema mentioned in the modern texts. Observation was made during the first day of treatment , every 8th day of treatment and at the end of treatment.

The bio chemical study was done in Mettlex laboratories of India, Chennai-32 and the pharmacological study of the trial drug was tested in the pharmacological laboratory of Government siddha medical college hospital, palayamkottai. The results were documented and interpreted for the prognosis of the disease.

Based on various criterias, the datas were collected and tabulated.

Gender distribution

In the study among the 60 cases 42 were male and 18 cases were female. According to the text books there is no apparent sex pre-dilection in karappan but the major vulnerability of males may be due to their occupational indifferences, mental strain and mechanical life.

Age distribution

During the entire study the prevalence of karappan was a very common one affecting the adult age group from 40-70 years (i.e. 42 patients) in both male and in female.

Kaalam distribution

75.0% of the cases belonged to piththa kaalam

11.7% of the cases belonged to vaatha kaalam

13.3% of the cases belonged to kaba kaalam

More number of cases were found in piththa-kaba kaalam, as this stage progresses to the kaba kaalam, and this is the declining phase of one's life cycle.

Occupational status

An individual's occupation is the provocative and aggravating factor for karappan. It is almost true in all cases, as their occupational history show some relevance.

Diet preference

According to the Yugi vaithya chinthamani, the non-vegetarian diet is one of the exacerbating factor for recurrence of karappan. In the trial 91.7% of patients were non-vegetarian.

Thinai reference

100% of the cases were belonged to Neithal nilam .The study was conducted in and around the Chennai.

Socio-economic condition

Out of 60 patients 2 were belonged to high income group, 26 were middle group and 32 were low income group. Poor hygienic conditions and malnutrition are prevail and persistent exposure to polluted atmosphere, lowered immune responses made them more prone to the disease.

Mode of onset

During the study 61.7% of the cases were observed of chronic onset, 28.3% were acute cases and 10.0% cases were subacute. Incomplete treatment, failure to follow medical instructions regarding diet restriction and hygiene, psychological strain and change of routine life style inevitably were observed to be the reasons for this disease to become chronic, generally all the skin diseases, usually have a recurrent nature.

Etiological reference

All type of aetiological factors were observed, during the study of karappan as it is one of the immunological disorders , which may affect the subsequent generations. Here positive family history was found in 2 cases only, occupationally relevant karappan was observed in 21 cases, 17 were caused by allergy, Incompatible diet in 3 cases, insect bite in 4 cases and psychological stress in 13 cases were also noted.

Mukkutram reference

Among the 60 cases, 6 of the cases had associated with bronchial asthma i.e. derangement of praanan. Habitual constipation in 9 cases and all the 60 cases had derangement of vyanan and samanana were noted. The affected Vaatha kuttram in due course disrupt to the two humors namely piththam and kabam causing itching, oedema, oozing, loss of skin complexion with thickening and lichenification.

Among the five types of piththam, ranjagam & prasagam were affected in all the cases, as loss of natural colour with thickening and lichenification were noted in all of them.

Udal kattugal reference

Among the seven udal kattugal roughness of the skin was reported in all the cases. Dryness of the skin, vesicles, hyper pigmentation of skin, erythema and ulcers (saram & senneer affected) were found in all the 60 cases.

Ennvagai thervugal

As per the skin lesions of the karappan, Niram(colour) and sparisam (sensation) were affected in all the 60 cases, there was dryness, roughness, thickness, hyper pigmentation of the skin were similarly found out.

Naadi

Majority of 35% of patients were pittha vaatha naadi, 31.7% were vaatha piththa naadi, 16.7% were pittha kaba naadi, 11.7% were vaatha kaba naadi, 3.3% of kabapittha naadi, 1.7% were kabavaatha naadi.

Udal

Among the 60 patients 53.3% were vaathapiththa body constitution.

Neikkuri

Majority of 35%patients had kaba neer.

The major clinical symptoms was reported to be itching, hyper pigmentation, vesicle , oozing , crusting & scaling . They were almost none after the treatment.

Out of 60 cases six were found to have bronchial asthma, four cases were diabetic & two were hypertensive. These patients continued their drugs which they were taking previously along with the trial drug .

There were moderate decreases in E.S.R and Eosinophil count after the treatment.

It is a pleasure to say that there was no report of adverse effects during the entire course of treatment in any cases.

Summary

The Siddha description about the types of karappan are found in yugi and Agathiar's text.

Twenty patients from the inpatient department and forty patients from the outpatient department from both sexes were selected after thorough evaluation of history, clinical findings and laboratory results. Ennvagai thervugal were used for the diagnostic purpose.

Majority of the patients were male (70%) and particularly above 40 years and 53.3% from poor socio-economical background.

The disease was observed to occur mostly in piththa kaalam.

Biochemical analysis revealed the drug karuncheeraga churnam has calcium and ferrous iron.

Pharmacologically,

Karuncheeraga churanam (internal drug) has

- ✓ Moderate anti-inflammatory(acute &chronic)action,
- ✓ Significant antihistamine action and
- ✓ Moderate analgesic action.

Brahmathandu thylam (external drug) has

- ✓ Moderate anti-histamine action and
- ✓ Mild anti inflammatory action

In an average of 48 days treatment majority of the patients shown good recovery from signs and symptoms and their laboratory investigation results were encouraging after the treatment, as illustrated in the tabular columns.

None of them developed any adverse effects. The progress exhibited was quite encouraging.

Conclusion

The treatment with Karuncheeraga churanam and Brahmathandu thylam showed remarkable improvement in karappan patients.

Along with medication the patients were advised over their dietary habits and hygienic routines.

There was appreciable clinical improvement of the disease and also enhancement of general health.

The cost of trial medicines were less economical and can affordable by patients below poverty line.

The raw materials of the drug are available in almost all season and preparation of the drug is also very simple.

No adverse side effects like aggravation of itching were reported during the entire course of treatment.

Hereby the author concludes that **the treatment with Karuncheeraga churanam and Brahmathandu thylam for Karappan is very effective in point of efficacy and safety.**

BIBLIOGRAPHY

1. Yugi vaithiya chinthamani
2. Agathiar guru naadi nool
3. Agathiar rana vaithyam
4. Agathiar 2000
5. Agathiar kanma kandan 300
6. Para rasa sekharan
7. Siddha maruthuvam – Sirappu - Dr.R.Thiagarajan
8. Siddha maruthuvanga churukkam –Dr. C. S. Uthamarayan.
9. Athma Rakshamirtham.
10. Noi naadal noi muthal naadal thirattu – Dr. P. Shanmugavelu.
11. Thotra kirama aaraiyichium, siddha maruthuva Varalarum – Dr.C.S.Uthamarayan
12. Udal thathuvam – Dr.P.M.Venugopal.

13. Gunapadam mooligai vaguppu – Dr.P.Kuppusamy mudaliar.
14. Pathartha guna chinthamani
15. Pathartha guna vilakkam
16. Pathinen siddhar naadi nool
17. History of siddha medicine
18. Introduction to siddha medicine
19. Siddha research pharmacopoeia
20. Balavagadam thirattu
21. Aruvai maruthuvam – Dr.C.S.Uthamarayan
22. T. V. Sambasivam Pillai, Tamil – English Dictionary
23. A text book of human anatomy – T. S. Ranganathan
24. Gray's anatomy
25. A text book of human physiology – Dr. Sarada Subramanian
26. Robbin's pathology
27. Pharmacology and pharmacotherapeutics
28. Lipincott's illustrated pharmacology
29. Davidson's principles and practice of medicine
30. Practice of Dermatology, P. N. Behl

31. Roxburgh's common skin diseases – Kirby
32. Andrew's Diseases of clinical dermatology – Richard
33. Indian Materia – Medica – Dr. K. M. Nadkarni
34. Glossary of Indian Medicinal Plants. R. N. Chopra
35. Indian Medicinal Plants - Kritikar and Basu
36. The Wealth of India
37. Noi Illa neri – Dr.Durairajan
38. Cutaneous pathology – Maize.
39. Uphealth > Atopic Dermatitis – Skin, hair and nail
Diseases and conditions
40. The merck-manual-contact dermatitis
41. Novartis. Com-pathways-skin-living with Eczema
42. Handbook of Atopic Dermatitis by Dr. Cassim motala
43. The merck-manual of Diagnosis and Therapy
44. www.skinanatomy.images.com
45. www.pioneerherbs-kr.com
46. www.indmedherbs.com
47. www.medherbinstitute.org